## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

STREET ADDRESS

SIGNATURE: \_\_

MIGNATURE A

Apr 27 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # K26026 (0)TROPICAL DELIGHTS-SOUTH, INC. Principal Place of Business Mailing Address 298 S. FEDERAL HIGHWAY DEERFIELD BEACH FL 33441 298 S. FEDERAL HIGHWAY DEERFIELD BEACH FL 33441 DO NOT WRITE IN THIS SPACE. 3. Date Incorporated or Qualified 06/09/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Numbe Applied For 21 26 65-0066135 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Žιρ Zip Country B. This corporation owes or has paid the current year Intangible X Yes 24 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BEHM, ALLAN W. 252 SABAL PALM TERRACE Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33432 B3** City 84 85 Zip Code Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered to the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered accept the obligations of Section 607.0505, Florida Statutes. 11. Pursuant to the provisions of office or registered agent, or agent. I am familiar with, an N · BEHN SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTO 12. 13. TITLE DELETE Change Addition 1.2 NAME NAME BEHM. ALLAN W. 252 SABAL PALM TERRACE STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33432** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 21 TITLE STOVER, TYRONE S. NAME 22 NAME 252 SABAL PALM TERRACE 2.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33432** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE ☐ Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP 14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on the appearance with an address.

**FILED**