

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 30 1996 8:00 am
Secretary of State

DOCUMENT # L55891 (0)
1. Corporation Name
TROPICAL KITCHEN ENTERPRISES, INC.

Principal Place of Business Mailing Address
1935 West Copans Road 1935 West Copans Road
Pompano Beach, Fl. 33064 Pompano Beach, Fl. 33064

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03-09-1990	3a. Date of Last Report 7-25-95
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0205552	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CADORETTE, CHRIS 1935 West Copans Road Pompano Beach, Fl. 33064				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	President	<input type="checkbox"/> DELETE	1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Cadorette, Chris		2. NAME				
STREET ADDRESS	5620 N. W. 38 Terrace		3. STREET ADDRESS				
CITY-ST-ZIP	Cocoonut Creek, Fl. 33073	<input type="checkbox"/> DELETE	4. CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE			5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6. NAME				
STREET ADDRESS			7. STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP			8. CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE			9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			10. NAME				
STREET ADDRESS			11. STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP			12. CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE			13. TITLE				
NAME			14. NAME				
STREET ADDRESS			15. STREET ADDRESS				
CITY-ST-ZIP			16. CITY-ST-ZIP				

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*****225.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 I had sworn under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that the information appears in Block 12 or Block 13 if changed, or on an attachment if with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)