

**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	3a. Date of Last Report
21		26		03-09-1990	7-25-95
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		65-0205552	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>CADORETTE, CHRIS</b> <b>1935 West Copans Road</b> <b>Pompano Beach, Fl. 33064</b>				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	85 Zip Code

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			
TITLE		<input type="checkbox"/> DELETE		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			
TITLE		<input type="checkbox"/> DELETE		13. TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				14. NAME			
STREET ADDRESS				15. STREET ADDRESS		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CITY-ST-ZIP				16. CITY-ST-ZIP			

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-05/31/96--01019--005  
\*\*\*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)