

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 28 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000001978 (5)**

1. Corporation Name
TROPICAL TASTES, INC.

Principal Place of Business
**15484 LAKES OF DELRAY BLVD.
SUITE 102
DELRAY BEACH FL 33484**

Mailing Address
**15484 LAKES OF DELRAY BLVD.
SUITE 102
DELRAY BEACH FL 33484**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/04/1992

3a. Date of Last Report
05/01/1994

2. Principal Place of Business
21 **9438 S.E. 174TH LOOP**
Suite, Apt #, etc

2b. Mailing Address
26 **P.O. Box 1057**
Suite, Apt #, etc

4. FEI Number
65-0373153

Applied For
Not Applicable

22 City & State
23 **SUMMERFIELD, FLORIDA**

27 City & State
28 **SUMMERFIELD FL**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 **34491** 25 Country

29 **34492** 30 Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**PINGEL RICHARD C
15784 LAKES OF DELRAY BLVD #102
SUITE 102
DELRAY BEACH FL 33484**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
9438 S.E. 174TH LOOP
83
84 City **SUMMERFIELD** 85 FL 86 Zip Code **34491**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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

(Signature of current or previous name of registered agent and their associate)

(Signature of registered agent or previous registered agent)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	PINGEL, RICHARD C
STREET ADDRESS	15484 LAKES OF DELRAY BLVD., STE. 102
CITY ST ZIP	DELRAY BEACH FL 33484
TITLE	VST
NAME	PINGEL, ELIZABETH A
STREET ADDRESS	15484 LAKES OF DELRAY BLVD., STE. 102
CITY ST ZIP	DELRAY BEACH FL 33484
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PINGEL, RICHARD C	
1.3 STREET ADDRESS	9438 S.E. 174TH LOOP	
1.4 CITY ST ZIP	SUMMERFIELD, FL 34491	
2.1 TITLE	VST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PINGEL, ELIZABETH A	
2.3 STREET ADDRESS	9438 S.E. 174TH LOOP	
2.4 CITY ST ZIP	SUMMERFIELD, FL 34491	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY ST ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY ST ZIP		

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)(b), Florida Statutes. I further certify 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 my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

E.A. Pingel
E.A. PINGEL
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-95
Date

904-246-3101
Telephone Number