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Apr 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P93000038605 (0)**

1. Corporation Name
PLANTATION EXPORT, INC.

Principal Place of Business
5871 N. UNIVERSITY DRIVE
DEPT 500
TAMARAC FL 33321
US

Mailing Address
5871 NORTH UNIVERSITY DRIVE
DEPARTMENT 500
TAMARAC FL 33321-4617
US

3. Date Incorporated or Qualified: **05/25/1993**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: **65-0414813** — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent
HELPLER SR., DAVID P.
837 NORTHWEST 79 TERRACE
PLANTATION FL 33324
CORRECT SPELLING

10. Name and Address of New Registered Agent
B1 Name: HEPLER, DAVID P.
B2 Street Address (P.O. Box Number Is Not Acceptable): 837 NW 79 TERRACE
B3
B4 City: PLANTATION FL B5 ZIP Code: 33324

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	ST ☑ Change ☐ Addition
NAME	HEPLER ST., DAVID P.	1.2 NAME	DAVID P. HEPLER SR
STREET ADDRESS	837 NORTHWEST 79 TERRACE	1.3 STREET ADDRESS	837 N.W 79 TERRACE
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	ST ☐ DELETE	2.1 TITLE	PRESIDENT ☑ Change ☐ Addition
NAME	HELPLER, ELSY C.	2.2 NAME	HEPLER, ELSY C.
STREET ADDRESS	837 NORTHWEST 79 TERRACE CORRECT SPELLING	2.3 STREET ADDRESS	837 NW 79 TERRACE
CITY-ST-ZIP	PLANTATION FL	2.4 CITY-ST-ZIP	PLANTATION, FL. 33324
TITLE	VP ☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HELPLER, JOLANDA	3.2 NAME	
STREET ADDRESS	837 NORTHWEST 79 TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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 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: [signature] 3/31/97 (954) 722-0025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #