FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 17 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000069820 (7)**

1. Corporation Name

TROPICAL FAVORITES, INC.

Principal Place of Business	Mailing Address
1000 SOUTHERN BLVD. SUITE 300 WEST PALM BEACH FL 33405	1000 SOUTHERN BLVD. SUITE 300 WEST PALM BEACH FL 33405

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/01/1993
3a. Date of Last Report: 06/15/1994

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: 65-0457247 ☐ 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

TOMEU, ENRIQUE
1000 SOUTHERN BLVD.
SUITE 300
WEST PALM BEACH FL 33405

10. Name and Address of New Registered Agent

81 Name: John B. McCracken
82 Street Address (P.O. Box Number is Not Acceptable): 505 S. Flagler Dr., Suite 1100
83
84 City: West Palm Beach, FL 85 Zip Code: 33401--3475

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 _____ 4/12/95
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	11 TITLE	☐ Change ☐ Addition
NAME	TOMEU, ENRIQUE A.	12 NAME	
STREET ADDRESS	6815 SOUTH FLAGLER DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	PHILLIPS JR., W. T.	22 NAME	
STREET ADDRESS	662 WILBANKS ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	KNOXVILLE TN	24 CITY-ST-ZIP	
TITLE	ST	31 TITLE	☐ Change ☐ Addition
NAME	SNIDER, LESA P.	32 NAME	
STREET ADDRESS	662 WILBANKS ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	KNOXVILLE TN	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(i), Florida Statutes. I further certify that the information indicated on the 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: Enrique A. Tomeu 4-10-95 407-832-3110
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0244396 CP