

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Jun 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000069820 (7)

1. Corporation Name
TROPICAL FAVORITES, INC.

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

Mailing Address
1000 SOUTHERN BLVD.
SUITE 300
WEST PALM BEACH FL 33405-2493



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/01/1993		3a. Date of Last Report 05/01/1996	
21		26		4. FEI Number 65-0457247		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24 Zip		29 Zip		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
25		30				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MCCRACKEN, JOHN B
605 S. FLAGLER DRIVE
SUITE 1100
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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.

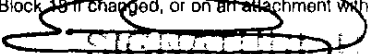
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	DELETE		1.1 TITLE	Change	Addition	
NAME	TOMEU, ENRIQUE A.			1.2 NAME			
STREET ADDRESS	6615 SOUTH FLAGLER DRIVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL			1.4 CITY-ST-ZIP			
TITLE	VP	DELETE		2.1 TITLE	Change	Addition	
NAME	PHILLIPS JR., W. T.			2.2 NAME			
STREET ADDRESS	662 WILBANKS ROAD			2.3 STREET ADDRESS			
CITY-ST-ZIP	KNOXVILLE TN			2.4 CITY-ST-ZIP			
TITLE	ST	DELETE		3.1 TITLE	Change	Addition	
NAME	SNIDER, LESA P.			3.2 NAME			
STREET ADDRESS	662 WILBANKS ROAD			3.3 STREET ADDRESS			
CITY-ST-ZIP	KNOXVILLE TN			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			

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



3-11-97 561-832-3110

CR2E034 (9/96)