

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

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**May 01 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 # P93000073427 (5)**

1. Corporation Name  
**EXOTICA INTERNATIONAL, INC.**



Principal Place of Business <b>3105 S. MAIN STREET 3921 SW 3RD AVE HIGH SPRINGS FL 32643 US</b>	Mailing Address <b>C/O ACCOUNTING &amp; BUSINESS CONSULTANTS 780 E. BROWARD BLVD. #302 FT. LAUDERDALE FL 33301-2077 US</b>
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3. Date Incorporated or Qualified <b>10/22/1993</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>65-0444821</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21 23708 NW 194th AVE. 32700 NW 194th Dr.</b>	2a. Mailing Address <b>26 Suite, Apt. #, etc.</b>
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	25
29	30

9. Name and Address of Current Registered Agent <b>GREENWALD, TEDD S. C/O THE GREAT OUTDOORS INN 3105 S. MAIN STREET HIGH SPRINGS FL 32643</b>		10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable) <b>23708 NW 194th Drive 20413 NW 190th AVE.</b>		
83	84 City <b>High Springs</b>		
	85	Zip Code <b>FL 32643</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D GREENWALD, TEDD S.</b>	1.2 NAME	<b>20413 NW 190th AVE.</b>
STREET ADDRESS	<b>3105 S. MAIN ST.</b>	1.3 STREET ADDRESS	<b>23708 NW 194th Drive</b>
CITY-ST-ZIP	<b>HIGH SPRINGS FL</b>	1.4 CITY-ST-ZIP	<b>High Springs, FL 32643</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D FLOWERS, MARY ELLEN</b>	2.2 NAME	<b>20413 NW 190th AVE.</b>
STREET ADDRESS	<b>3105 S. MAIN STREET</b>	2.3 STREET ADDRESS	<b>23708 NW 194th Drive</b>
CITY-ST-ZIP	<b>HIGH SPRINGS FL</b>	2.4 CITY-ST-ZIP	<b>High Springs, FL 32643</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, changed or in an attachment with an address.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CR2E034 (9/96)