

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

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May 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 # P94000079218 (1)

1. Corporation Name:
CARIB ISLANDS TRADING COMPANY



Principal Place of Business 208 HILLSBOROUGH ST NEW SMYRNA BEACH FL 32169	Mailing Address 208 HILLSBOROUGH ST NEW SMYRNA BEACH FL 32169
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3. Date Incorporated or Qualified 10/22/1994	3a. Date of Last Report 04/24/1996
4. FEI Number 59-3271513	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**CHAPMAN, VICTOR L
940 HIGHLAND AVE
ORLANDO FL 32803**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MILLER, GREGORY A	
STREET ADDRESS	208 HILLSBOROUGH ST	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MILLER, CARL B	
STREET ADDRESS	208 HILLSBOROUGH ST	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MILLER, CURTIS R	
STREET ADDRESS	208 HILLSBOROUGH ST	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MILLER, NANCY J	
STREET ADDRESS	208 HILLSBOROUGH ST	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HULBERT, KAREN M	
STREET ADDRESS	208 HILLSBOROUGH ST	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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: Carl B. Miller **REQUIRED** 4/28/97 Date 904 423 8214 Daytime Phone #
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CARL B. MILLER
 0613455

CR2E034 (9/96)