

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

**FILED**  
**Apr 15, 1999 8:00 am**  
**Secretary of State**

04-15-1999 90088 036 \*\*\*150.00

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P94000079218**

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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/22/1994	
21		26		4. FEI Number 59-3271513	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip		29. Zip		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Country		Country		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CHAPMAN, VICTOR L 940 HIGHLAND AVE ORLANDO FL 32803				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, GREGORY A		1.2 NAME		
STREET ADDRESS	208 HILLSBOROUGH ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169		1.4 CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, CARL B		2.2 NAME		
STREET ADDRESS	208 HILLSBOROUGH ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169		2.4 CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, CURTIS R		3.2 NAME		
STREET ADDRESS	208 HILLSBOROUGH ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169		3.4 CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, NANCY J		4.2 NAME		
STREET ADDRESS	208 HILLSBOROUGH ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169		4.4 CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HULBERT, KAREN M		5.2 NAME		
STREET ADDRESS	208 HILLSBOROUGH ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169		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 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, with all other like empowered.

SIGNATURE: Carl B. Miller **REQUIRED** miller April 10, 1999 904-4238214  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)