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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P95000035114

1. Corporation Name
ROYAL ISLE CITRUS, INC.

Principal Place of Business: 3239 S US 1 FT. PIERCE FL 34982 US

Mailing Address: 3239 S US 1 FT. PIERCE FL 34982 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24) and Mailing Address (2a-24) fields.

3. Date incorporated or Qualified: 05/01/1995

4. FEI Number: 65-0586114

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing: \$5.00 May Be Added to Fees

7. This corporation owes the current year Intangible Personal Property Tax: Yes/No

9. Name and Address of Current Registered Agent
EBNER, KAY C
803 FRENCH CREEK LN.
FT. PIERCE FL 34982

10. Name and Address of New Registered Agent (81-85)

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: Kay C. Ebner DATE: 4/23/99

12. OFFICERS AND DIRECTORS

TITLE	S	DELETED
NAME	EBNER, KAY C	
STREET ADDRESS	203 FRENCH CREEK LN	
CITY-ST-ZIP	FT PIERCE FL 34982	
TITLE	P	DELETED
NAME	STRAZZULLA, JOSEPH	
STREET ADDRESS	MINUTE MAIL RD	
CITY-ST-ZIP	FT PIERCE FL 34950	
TITLE	T	DELETED
NAME	EBNER, C TRENT	
STREET ADDRESS	803 FRENCH CIR LN	
CITY-ST-ZIP	FT PIERCE FL 34982	
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: Kay C. Ebner DATE: 4/23/99 DAYTIME PHONE: 561-595-9331

CR2E034 (1/198)