

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


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Jan 28, 1999 8:00am
Secretary of State

01-28-1999 90054 007 ****150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000071800

1. Corporation Name

TROPICAL TREAT INTERNATIONAL, INC.

Principal Place of Business

1335 BENNETT DRIVE, UNIT 175-179
LONGWOOD FL 32750

Mailing Address

1335 BENNETT DRIVE, UNIT 175-179
LONGWOOD FL 32750

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified

09/18/1995

4. FEI Number

59-3334581

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SWIEZ, RAY
1335 BENNETT DR
175-179
LONGWOOD FL 32750

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

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	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	1335 BENNETT DRIVE, UNIT 175-179	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
CITY-ST-ZIP	LONGWOOD FL 32750		
TITLE	NAME	2.1 TITLE	2.2 NAME
STREET ADDRESS	1335 BENNETT DRIVE, UNIT 175-179	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
CITY-ST-ZIP	LONGWOOD FL 32750		
TITLE	NAME	3.1 TITLE	3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
CITY-ST-ZIP			
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
CITY-ST-ZIP			
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
CITY-ST-ZIP			
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99 407/339-0450
Date Daytime Phone #

CR2E034 (11/98)