

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

FILED
Jun 11 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 # P96000021314 (5)

1. Corporation Name
INDIAN SUN CITRUS, INC.

Principal Place of Business
2000 NORTH KINGS HIGHWAY
FT PIERCE FL 34951

Mailing Address
2000 NORTH KINGS HIGHWAY
FT PIERCE FL 34951-4017



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/08/1996		3a. Date of Last Report	
21		26		4. FEI Number 65-0649569		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	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

MINTON, JOHN
2000 NORTH KINGS HIGHWAY
FT PIERCE FL 34951

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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINTON, JOHN	1.2 NAME	
STREET ADDRESS	2000 N. KINGS HIGHWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL 34951	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENDALL, HAROLD JR	2.2 NAME	
STREET ADDRESS	13000 S.W. 232ND ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 34951	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	VD
STREET ADDRESS		3.3 STREET ADDRESS	BROCKTON V. SCHUPP
CITY-ST-ZIP		3.4 CITY-ST-ZIP	4260 5TH PLACE VERO BEACH, FLORIDA 32968
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	VD
STREET ADDRESS		4.3 STREET ADDRESS	JACK WEST
CITY-ST-ZIP		4.4 CITY-ST-ZIP	3527 SADDLEBACK LANE LUTZ, FLORIDA 33549
TITLE		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		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 if changed, or on an attachment with an address.

SIGNATURE _____

CR2E034 (9/96)