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

FILED May 06 1998 8:00am Secretary of State **PROFIT** CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State

	1998	DIVISION OF CO	PRPORATIONS	Scoretary	y of State
DOCUMENT # P9600060463 (2) C. & F. TROPICAL FOODS PLUS, INC.					
O & 1. THOROAL FOODS FLOS, INC.				 	1011 0
Principal Place of Business Mailing Address					
4271 N.W. 12 LAUDERHILL		4271 N.W. 12TH STREET LAUDERHILL FL 33313			
D1092 #CC	. 2 000.0			DO NOT WRITE IN	THIS SPACE
				3. Date Incorporated or Qualified 07/19/1996	
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# etc	Suite, Apt. #, etc.		65-0215692	Not Applicable S8.75 Additional
22 27				5. Certificate of Status Desired	Fee Required
City & State	9	City & State	· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	
Zip	Country	Z _i p	Country	8. This corporation owes or has paid t	— — · — ·
24	9. Name and Address of Current	29 30	<u> </u>	Personal Property Tax due June 30 10. Name and Address of New Regis	
LOBBAN, NORMAN A 81 Name				10. Hallo and Address of Her Hegis	iolog rigott
LUDBAN, NUMAN A				drage (D.O. Day N. John in Net Assentable)	·
SUITE 200A			82 Street Ade	dress (P.O. Box Number is Not Acceptable)	
LAUDERHILL FL 33313			83		
			84 City		85 Zip Code
					FLII I
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.					
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE .	Signature, typed or printed name of registered agont	and the if applicable (NOTE F	Registered Agent signature req	uired when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	ANDERSON, CALVIN L		1.2 NAME		
STREET ADDRESS	4955 N.W. 47TH AVE.		1.3 STREET ADORESS		
CITY-ST-ZIP TITLE	COCONUT CREEK FL 33073	DELETE	1.4 CITY-ST-ZIP		Change Addition
NAME	ANDERSON, FAY	E betti	2.2 NAME		C orange C Mannon
STREET ADDRESS	4955 N.W. 47TH AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL 33073		2.4 CITY-ST-ZIP		
TITLE	D	DELETE	3.1 TITLE		Change Addition
NAME	ANDERSON, KHADIJA J		3.2 NAME		
STREET ADDRESS	4955 N.W. 47TH AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL 33073	T or tre	3.4. CITY-ST-ZIP		
TITLE	D ANDERSON CALVINA ID	DELETE	4.1 TiTLE		Change Addition
NAME STREET ADDRESS	ANDERSON, CALVIN L JR 4955 N.W. 47TH AVE.		4. 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL 33073		4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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 changes plan attachment with an address.