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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000096172 (7)

TROPICAL FOODS INC.

Princi	pa! F	lace	of	Business
--------	-------	------	----	----------

1224 BAREFOOT BAY DRIVE

## **FILED** Apr 28 1997 8:00am Secretary of State



ORLANDO FL 32824		ċ	ORLANDO FL 32824-6233					
							3. Date Incorporated or Qualified 11/20/1996	3a. Date of Last Report
2. Principa	al Place of Busi	ness	2	a. Mailing Address			4. FEI Number	Applied For
21		26	26			59-3412325	Not Applicable	
Suite, A	pt. #, etc.		27	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & S	State		28				Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24		Country 25	29	Zip I	Cour <b>30</b>	try	8. This corporation has liability for i	ntangible tax under s. 199.032, Yes 🔀 No
		and Address of (	Current Reg	Istered Agent		<del></del>	10. Name and Address of New Re	Jistered Agent
12	IJKHUIZEN, J 224 BAREFO( RLANDO FL :	OT BAY DRIVE					Address (P.O. Box Number is Not Acceptab	lo)
					L	33		
,						34 City		FL 85 Zip Code
office agent.	E PAE	sions of Sections 60 gent, or both, in the with, and accept the SIDENT do printed range of register		ullan -			corporation submits this statement for the p poration's board of directors. I hereby accept APRIL 19	urpose of changing its registered at the appointment as registered
12.	Olg. Block, 1910		RS AND DIR		13.	- 19 - 11 - 19 - 11 - 14 - 1	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE				DELETE	1.5 1111	[	PRESIDENT PIVITIS	D/C/A Change Addition
NAME					1.2 NAM	1E.	TORGE DIJKHUIZEN	• •
STREET ADDRES	SS				1.3 S1H	EET AUDRESS	1224 BAREFOOT BAY	DR.
CITY-ST-ZIP					1.4 CIT	r-ST-ZIP	ORLANDO FL. 321	
TITLE				DETELE	2.1 1(1)	f		Change Addition
NAME					2.2 NAI			
STREET ADDRES	ss					EE1 ADDRESS		
CITY-ST-ZIP TITLE			~·	DELFTE	2. 4 GD 3.1 T(T)	Y - \$1 - 2IP		Change Addition
NAME					3.7 NA			CT opening
STREET ADDRE	cc					EFT ADDRESS		
CITY-ST-ZIP	33			•		Y - ST - ZIP		
TITLE		······		DELETE	41111			Change Addition
NAME					4 2 NA	ΜE		
STREET ADDRES	ss				4 3 S1H	EE1 ADDRESS		
CITY-ST-ZIP					4.4 CIT	r-S1-ZIP		
TITLE				☐ DELETE	5.1 TITI	E		Change Addition
NAME					5.2 NA	AE.		
STREET ADORES	ss				5.3 S1F	EE1 ADDRESS		
CITY-ST-ZIP						r - S1 - 21P		
TITLE	l			☐ DELETE	6.1 7(1)			Change Addition
NAME					6.2 NAI	-		
STREET ADDRES	ss					EET ADDRESS		
CITY-ST-ZIP	_ <u>- ·</u>				64 CH	/-ST-ZIP		

14. I do hereby certify that the information supplied with this filling 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 conporation 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 Florida Statutes, or on an attachment with an address.

APRIL