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

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000096172 (7)

TROPICAL FOODS INC.

FILED Feb 25 1998 8:00am Secretary of State



				{	'B'''E 1818 BIJE 1/81 1/81 166 PIJE 1/86
Principal Place		Mailing Address			
1224 BAREFOOT BAY DRIVE 1224 BAREFOOT BAY DRIVE					
ORLANDO FL 32824 ORLANDO FL 32824			DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified	
ì				11/20/1996)
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 1571	6 Thorough bred ha	15716 Thoron	ighbred Lan	e 59-3412325	Not Applicable
—			O	5. Certificate of Status Desired	\$8.75 Additional
22 27					Fee Required
		28 Montrerde	$\subseteq I$	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Monts	Country	700	Country	Trust Fund Contribution 8. This corporation owes or has paid t	
	56 25 115 A	29 34756 30	¬ · •	Personal Property Tax due June 30.	_ · · · _ · ·
241 (31	g. Name and Address of Current		9 45/	10. Name and Address of New Regis	
DUKHUIZEN, JORGE 81 Name					
1004 GADEFOOT BAY DONE				dress (P.O. Box Number is Not Acceptable)	
ORLANDO FL 32824			15716		ا ا
			63	3	
\			84 Cityas		85 Zip Code
			"Me	ntverde	FL 34756
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 for 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 familiarly with, and accept the obligations of Section 607.0505, Florida Statutes.					
agent Lam familia/ with, And accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signal by Signal of profession of region and to it rights able (NOTE Unglished Agent signature required when reinstating) DATE DATE					
12.	Signal by MacLor project sense of tog the Lager OFFICERS ANI		Ingistered/Agent signature request. 13.	ADDITIONS/CHANGES TO OFFICER	POIL
TITLE	/PVTS	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICER	Change Addition
NAME	DIJKHUIZEN, JORGE		1.2 NAME		
STREET ADDRESS	1224 BAREFOOT BAY DR		1.3 STREET ADDRESS		
CITY-S1-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP		
TITLE		DELETE	21 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		+
CITY+S1-ZIP			2 4 CITY-ST-ZIP		
TITLE		DETETE	3.1 TITLE		Change Addition
NAME			32 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP		·····	3 4. Crty-St-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME]			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4 4 CITY-ST-ZIP		Change Addition
TITLE		L' OFITT	5.1 TITLE		Change C Mounting
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME			62 NAME		C. C. William C. L. Monthold
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
MIL.91.41L			0.4 OH F-31-ZIF		

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 supplience tall 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 of 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 altychnient with an address

SIGNATURE:

2/18/98

(407)469-4400