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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000096172

TROPICAL FOODS INC.

| Principal Plac | ce of Business | Mailing Address | | | | |) | inenn Richt jil | JII \$0018 1184 1861 |
|-------------------------|--|-----------------------------|-------------------------|-----------|-------------------|---|-------------------|-----------------------|-----------------------------|
| | UGHBRED LANE | | 15716 THOROUGHBRED LANE | | | | | | |
| MONTVERDE F US | FL 34756 | MONTVERDE FL 34756 US | | | | DO NOT WRITE IN THIS SPACE | | | |
| 03 03 | | | | | | Date Incorporated or Qualifed | | | |
| | | | | | | 11/20/1996 | | | |
| 2. Principal F | Place of Business | 2a. Mailing Address | | | | 4. FEI Number | | - 1 1 7 | Applied For |
| 21 26 | | | 777 | | | 59-3412325 | | | Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | 5. Certifcate of Status Desired | | | Additional |
| 22 | | 27 | | | | o. Cornicate of Glatas Desired | | Fee | Required |
| City & Sta | <u>te</u> | City & State | | | | 6. Election Campaign Financing | | | 0 May Be |
| 23 | | 28 | | | | Trust Fund Contribution | | | d to Fees |
| Zip | . Country Zip | | Country | | | 8. This corporation owes the cur | ent year Inta | | □No |
| 24 | 9. Name and Address of Curren | 129 | 30 | | | Personal Property Tax. 10. Name and Address of New I | 2 agistored | Yes | LJNO |
| | Thaine and Address of Content | r registered Agent | 8 | 31 N | lame | IV. Name and Address of New I | (egistered) | -yeiii | |
| DIJK | KHUIZEN, JORGE | *** | | | | | | | |
| 15716 THOROUGHBRED LANE | | |]8 | 32 S | Street Addres | ss (P.O. Box Number is Not Accept | able) | | |
| MOI | NTVERDE FL 34756 | | 8 | 3 | - | ************************************** | | 9 1 (4 3 | 1 2 6 8 |
| - | . , | | | | | | | <u>. 11 f 2</u> | |
| | | | 8 | 4 C | City | • | FI | 85 Zip | o Code |
| | to the provisions of Sections 607.050/ registered agent, or both, in the State of am familiar with, and accept the obligat | tions of, Section 607.0505, | Florida Statute | es. | COMPONENTIAL | a board of directors. Thereby accept | or the appoir | changing introduction | ts registered registered |
| 12. | Signature, typed or printed name of registered agent | | OTE: Registered Ag | ent sigi | nature required w | ADDITIONS/CHANGES TO OF | DATE FICERS AN | n DIBECT | OPS IN 12 |
| TITLE | PVTS | DELETE | 1.1 TITLE | : | | TO AL DOC | TOERS AIT | Change | |
| NAME | DIJKHUIZEN, JORGE | _ | 1.2 NAM | | | en en les | | 5 | |
| STREET ADDRESS | 4004 040000000 | | 1.3 STRE | | DRESS | | | | |
| CITY-ST-ZIP | ORLANDO FL | | 1.4 CITY- | | 1 | | | | |
| TITLE | | ☐ DELETE | 2.1 TITLE | | | | | Change | e |
| NAME | | | 2.2 NAMI | E | | | | | _ |
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| CITY-ST-ZIP | | 4 | 2.4 CITY | - ST- ZIF | , | | | | |
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| NAME COST | | | 3.2 NAME | Ē | | | | | |
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| NAME | la general de la companya de la comp | ** | 4. 2 NAM | Ε | | | | | |
| STREET ADDRESS | M. HITTO AND CAPTAR | | 4.3 STRE | ET ADD | RESS | | | | } |
| CITY-ST-ZIP | | j.e. | 4.4 CITY- | | | | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | | | Change | Addition |
| NAME | | | 5.2 NAME | • | | | | | |
| STREET ADDRESS | muses. | | 5.3 STRE | ET ADO | RESS | | | | } |
| CITY-ST-ZIP | | | 5.4 CITY- | ST-ZIP | • | | | | |
| TITLE | SERVINE CO. | ☐ DELETE | 6.1 TITLE | | | | | Change | Addition |
| NAME | MARKET STORY | | 6.2 NAME | : | | | | | Ì |
| STREET ADDRESS | ORLAGA: 11 | | 6.3 STRE | ETADO | RESS | | | | |

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90060 038 ***150.00