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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000014021**

1. Corporation Name
TYSON CANE HOLDINGS INC.

Principal Place of Business	Mailing Address
2600 BROADWAY, SUITE D WEST PALM BEACH FL 33407	2600 BROADWAY, SUITE D WEST PALM BEACH FL 33407

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/09/1998

2. Principal Place of Business	2a. Mailing Address
21 911 NE 199th ST	26 P.O. Box 247
Suite, Apt. #, etc. 22 Suite 203	Suite, Apt. #, etc. 27
City & State 23 N Miami FL	City & State 28 Bronx NY
Zip / Country 24 33179 / 25 USA	Zip / Country 29 10458 / 30 USA

4. FEI Number: 65-0835208 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: ☐ YES ☒ NO — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

THOMPSON, HAROLD M
2600 BROADWAY, SUITE D
WEST PALM BEACH FL 33407

10. Name and Address of New Registered Agent

81 Name: Kevin Wiggins
82 Street Address (P.O. Box Number is Not Acceptable): 911 NE 199th ST
83: Suite 203
84 City: N Miami FL 85 Zip Code: 33179

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☑ DELETE	1.1 TITLE	O	☐ Change ☐ Addition
NAME	GONZALEZ, YADA		1.2 NAME	HAROLD M Thompson	
STREET ADDRESS	2600 BROADWAY, SUITE D		1.3 STREET ADDRESS	306 E 171 ST 1D	Delete
CITY-ST-ZIP	WEST PALM BEACH FL 33407		1.4 CITY-ST-ZIP	Bronx NY 10457	
TITLE	D	☑ DELETE	2.1 TITLE	O	☐ Change ☑ Addition
NAME	THOMPSON, HAROLD M		2.2 NAME	Kevin Wiggins	
STREET ADDRESS	2600 BROADWAY, SUITE D		2.3 STREET ADDRESS	911 NE 199th ST Suite 203	
CITY-ST-ZIP	WEST PALM BEACH FL 33407		2.4 CITY-ST-ZIP	33179 USA N Miami	
TITLE	D	☑ DELETE	3.1 TITLE	HAROLD M THOMPSON	☑ Change ☑ Addition
NAME	HAROLD M THOMPSON		3.2 NAME	2/3rd E WALNUT Lane	
STREET ADDRESS	306 E 171 ST 1D		3.3 STREET ADDRESS		
CITY-ST-ZIP	Bronx NY 10457		3.4 CITY-ST-ZIP	Philadelphia, PA 19144-1054	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			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		

CR2E034 (11/98)

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.

SIGNATURE: _____ 02 04 99 (718) 4/6 0761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #