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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS Feb 11, 1999 8:00 am Secretary of State 02-11-1999 90023 039 ***150.00

1999

*DOCUMENT # P98000 1. Corporation Name TROPICAL EXPORTS OF PALM BEA	1096392 ACH, INC.					
Principal Place of Business Mailing Address			1 (84)(84) (7) talet ibre date aper antr antr sent	a riftel in decrata errora e	14118 1187 7681	
,	724 JACANA WAY					
724 JACANA WAY NORTH PALM BEACH FL 33408	NORTH PALM BEACH FL 334	108		- 48.45	. ,	
HOATH FROM DESIGN TO WAS			DO NOT WRITE IN THI	SPACE		
			3. Date incorporated or Qualifed	•		
			11/12/1998			i
2. Principal Place of Business	2a. Mailing Address		4. FEI Number 45-0882 928		Applicable	7
	26		60-0000 120			
Suite, Apl. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	. \$8,75 A		i
22	27		<u> </u>			ı
City & State	- City & State	_ مختے مکہدے۔ منہوجہ	= -6, Election Campaign Financing	\$5.00 Added to		
	28		Trust Fund Contribution		o rees	ı
Zip Country	Zip	Country	8. This corporation owes the current year in	ntangible ∐Yes ∴	□No	
24 25		ю	Personal Property Tax.			ı
9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registered	Agent		ı
	•	81 Name				
ROARKE, DOUGLAS J		82 Street Ad	Address (P.O. Box Number is Not Acceptable)			
724 JACANA WAY			A STATE OF THE PARTY OF THE PAR	 	284 1 (4.174) 24 1 18 18 18	
NORTH PALM BEACH FL 33408		83	· · · · · · · · · · · · · · · · · · ·		抽出新	1
		24 27	1 1/2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	B5 Zip C	ode	1
		84 City				
						1
	12 N (MC) 1	Registered Agent signature requ	rporalion submits this statement for the purpose of tion's board of directors. I hereby accept the appropriate of the submit of			8
SIGNATURE Signature of registrations of	NS-rel bits if applicable (NOTE: P	Registered Agent signature requ		ND DIRECTO	RS IN 12	11/98)
SIGNATURE SIGNATURE SIGNATURE OFFICERS AND TITLE PESSIDENT	A North Mappicable (NOTE P	Registered Agent signature requ	(red when rainstaling)			4 (11/98)
SIGNATURE SIGNATURE SIGNATURE SIGNATURE PRES DENT	NO DIRECTORS	Registered Agent signature requ	(red when rainstaling)	ND DIRECTO	RS IN 12	034 (11/98)
SIGNATURE SIGNATURE SIGNATURE SIGNATURE PRES DENT	ND DIRECTORS DELETE WAY	Registered Agent signature required 13.	(red when rainstaling)	ND DIRECTO	RS IN 12	2E034 (11/98)
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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 eath; that I am an officer or director of the corporation or the receiver or irustee 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. CITY-ST-ZIP