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FILED  
Jan 27 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S26102 (1)

1. Corporation Name  
DEZIE TROPICALS, INC.

Principal Place of Business  
33225 E. LAKE JOANNA DR.  
EUSTIS FL 32726-7209

Mailing Address  
33225 E. LAKE JOANNA DR.  
EUSTIS FL 32736-7221



3. Date Incorporated or Qualified 01/18/1991  
3a. Date of Last Report 04/04/1996  
4. FEI Number 59-3052816  
Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business  
21 Suite, Apt. #, etc  
22 City & State  
23 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
KIRBY, PHILLIP  
33225 E LK JOANNA DR  
EUSTIS FL 32726

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows 1-4 for Officers and Directors.

Table with 4 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Rows 1-4 for Additions/Changes to Officers and Directors in 12.

14. I do 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.

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/96)