

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # S98172 (7)  
1. Corporation Name  
TROPICAL FOOD MART, INC.



Principal Place of Business Mailing Address  
1105 CASSAT AVENUE 1105 CASSAT AVENUE  
JACKSONVILLE FL 32205 JACKSONVILLE FL 32205

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/03/1991	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3094091	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ALBERRE, ESSA 1105 CASSAT AVENUE JACKSONVILLE FL 32205				81	Name George Shalley		
				82	Street Address (P.O. Box Number is Not Acceptable) 1105 Cassat Avenue		
				83			
				84	City Jacksonville	85	Zip Code FL 32205

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 George M. Shalley George M. Shalley V.P. 5-31-98  
Signature typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PTD	<input type="checkbox"/> DELETE		11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALBERRE, ESSA			12 NAME	George Shalley		
STREET ADDRESS	1105 CASSAT AVE.			13 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			14 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALBERRE, ESSA			22 NAME	George Shalley		
STREET ADDRESS	1105 CASSAT AVE.			23 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			24 CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHALLEY, GEORGE			32 NAME	PD		
STREET ADDRESS	1105 CASSAT AVE.			33 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			34 CITY-ST-ZIP			
TITLE	DVP	<input type="checkbox"/> DELETE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHALLEY, ABRAHAM			42 NAME			
STREET ADDRESS	1105 CASSAT AVE.			43 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			44 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 CITY-ST-ZIP			

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.

SIGNATURE George M. Shalley George M. Shalley President 11-29-98

CR2E034 (10/97)