

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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # V04187 (3)
1. Corporation Name
TROPICAL TREASURES OF S.W. FLORIDA, INC.



Principal Place of Business Mailing Address
24509 CLAIRE ST.
BONITA SPRINGS FL 33923
US 24509 CLAIRE ST.
BONITA SPRINGS FL 33923
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/02/1992	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0311166		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	30		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 GRIFFITH, CAROL R. 24509 CLAIRE ST BONITA SPRINGS FL 33923				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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		Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	P	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRIFFITH, CAROL R	1.2 NAME					
STREET ADDRESS	24509 CLAIRE ST.	1.3 STREET ADDRESS					
CITY-ST-ZIP	BONITA SPRINGS FL	1.4 CITY-ST-ZIP					
TITLE	V	2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRIFFITH, AUSTIN	2.2 NAME					
STREET ADDRESS	24509 CLAIRE ST	2.3 STREET ADDRESS					
CITY-ST-ZIP	BONITA SPRINGS FL 33923	2.4 CITY-ST-ZIP					
TITLE		3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME					
STREET ADDRESS		3.3 STREET ADDRESS					
CITY-ST-ZIP		3.4 CITY-ST-ZIP					
TITLE		4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME					
STREET ADDRESS		4.3 STREET ADDRESS					
CITY-ST-ZIP		4.4 CITY-ST-ZIP					
TITLE		5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS					
CITY-ST-ZIP		5.4 CITY-ST-ZIP					
TITLE		6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS					
CITY-ST-ZIP		6.4 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 *Carol Griffith* *Carol Griffith* 4/26/98 495-9291

CR2E034 (10/97)