

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

**FILED**  
**Jan 23 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 243986 (7)**  
 1. Corporation Name  
**TALISMAN SUGAR CORPORATION**



Principal Place of Business U.S. HWY. 27. 16 MILES S. OF SOUTH BAY POST OFFICE BOX 814 BELLE GLADE FL 33430	Mailing Address U.S. HWY. 27. 16 MILES S. OF SOUTH BAY POST OFFICE BOX 814 BELLE GLADE FL 33430
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/21/1961</b>	
21	26	4. FEI Number <b>59-0935992</b>		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23	28	Zip		Country	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
PUJALS, GUSTAVO J. HWY 27, 16 MILES SO. OF SOUTH BAY P O BOX 814 BELLE GLADE FL 33430				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VD	<input type="checkbox"/> DELETE		1.1 TITLE	V	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CERVERA, MIGUEL B			1.2 NAME	CERVERA, MIGUEL B		
STREET ADDRESS	4820 ORDUNA DRIVE			1.3 STREET ADDRESS	4820 ORDUNA DRIVE		
CITY-ST-ZIP	CORAL GABLES, FL 00000			1.4 CITY-ST-ZIP	CORAL GABLES, FL 33146		
TITLE	T	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	V/M	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PETTY, CM			2.2 NAME	J. MALCOLM JONES JR.		
STREET ADDRESS	1650 PRUDENTIAL DR			2.3 STREET ADDRESS	1650 PRUDENTIAL DRIVE		
CITY-ST-ZIP	JACKSONVILLE FL			2.4 CITY-ST-ZIP	JACKSONVILLE FL 32207		
TITLE	S	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	V/T/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ANDERSON, R.A.			3.2 NAME	CHARLES A. LEDSINGER JR		
STREET ADDRESS	1650 PRUDENTIAL DRIVE			3.3 STREET ADDRESS	1650 PRUDENTIAL DRIVE		
CITY-ST-ZIP	JACKSONVILLE FL			3.4 CITY-ST-ZIP	JACKSONVILLE FL 32207		
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	V/S/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BROWNLIE, E. C.			4.2 NAME	ROBERT M. RHODES		
STREET ADDRESS	1650 PRUDENTIAL DRIVE			4.3 STREET ADDRESS	1650 PRUDENTIAL DRIVE		
CITY-ST-ZIP	JACKSONVILLE, 00000 FL 32207			4.4 CITY-ST-ZIP	JACKSONVILLE FL 32207		
TITLE	PD	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	C	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	THORNTON, W L			5.2 NAME	PETER S RUMMELL		
STREET ADDRESS	1650 PRUDENTIAL DRIVE			5.3 STREET ADDRESS	1650 PRUDENTIAL DRIVE		
CITY-ST-ZIP	JACKSONVILLE FL			5.4 CITY-ST-ZIP	JACKSONVILLE FL 32207		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	NEDLEY R. E.			6.2 NAME	MICHAEL F. BAYER		
STREET ADDRESS	1650 PRUDENTIAL DRIVE			6.3 STREET ADDRESS	1650 PRUDENTIAL DRIVE		
CITY-ST-ZIP	JACKSONVILLE, FL 00000			6.4 CITY-ST-ZIP	JACKSONVILLE FL 32207		

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:** \_\_\_\_\_ **DATE REQUIRED:** MIGUEL B. CERVERA 1/13/98 (561) 996-5527

CR2E034 (10/97)