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Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 243986

1. Corporation Name
TALISMAN SUGAR CORPORATION



DO NOT WRITE IN THIS SPACE

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

3. Date incorporated or Qualified: **01/21/1961**

4. FEI Number: **59-0935992**

5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Election Campaign Financing: **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax: Yes No

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

2a. Mailing Address: 26 [] Suite, Apt. #, etc. 27 [] City & State: 28 [] Zip: 29 [] Country: 30 []

9. Name and Address of Current Registered Agent
PUJALS, GUSTAVO J.
HWY 27, 16 MILES SO. OF SOUTH BAY
P O BOX 814
BELLE GLADE FL 33430

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: _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	CERVERA, MIGUEL B	
STREET ADDRESS	4820 ORDUNA DRIVE	
CITY-ST-ZIP	CORAL GABLES, FL 00000 33146	
TITLE	VM	<input type="checkbox"/> DELETE
NAME	JONES, JALCOLM J JR	
STREET ADDRESS	1650 PRUDENTIAL DR	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	LEDSINGER, CHARLES A JR	
STREET ADDRESS	1650 PRUDENTIAL DR	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	RHODES, ROBERT M	
STREET ADDRESS	1650 PRUDENTIAL DR	
CITY-ST-ZIP	JACKSONVILLE, 00000 FL 32207	
TITLE	C	<input type="checkbox"/> DELETE
NAME	RUMMELL, PETER S	
STREET ADDRESS	1650 PRUDENTIAL DR	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BAYER, MICHAEL F	
STREET ADDRESS	1650 PRUDENTIAL DR	
CITY-ST-ZIP	JACKSONVILLE, FL 00000 32207	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CERVERA, MIGUEL B.	
1.3 STREET ADDRESS	4820 ORDUNA DRIVE	
1.4 CITY-ST-ZIP	CORAL GABLES, FL 33146	
2.1 TITLE	VM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JONES, MALCOLM J. JR.	
2.3 STREET ADDRESS	1650 PRUDENTIAL DR.	
2.4 CITY-ST-ZIP	JACKSONVILLE FL 32207	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE: Miguel B. Cervera RE MIGUEL B. CERVERA 1/14/99 (561) 996-5527

CR2E034 (1/198)