

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 215101 (7)

1. Corporation Name
TROPICAL BAY INC



Principal Place of Business: 5701 SW 13TH STREET PLANTATION FL 33317
Mailing Address: 5701 SW 13TH STREET PLANTATION FL 33317

2. Principal Place of Business: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

3. Date Incorporated or Qualified: 08/30/1958
3a. Date of Last Report: 06/09/1995
4. FEI Number: 59-6068357
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

9. Name and Address of Current Registered Agent: 81 Name: FRANZEN, R A; 82 Street Address: 34 RIO VISTA DR; 83 STUART FL 34996; 84 City: STUART; 85 Zip Code: FL
10. Name and Address of New Registered Agent

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 607.0605, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	<input type="checkbox"/> DELETE	1. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: FRANZEN, B. A.		2. NAME:	
STREET ADDRESS: 5701 SW 13TH STREET		3. STREET ADDRESS:	
CITY-ST-ZIP: PLANTATION FL		4. CITY-ST-ZIP:	
TITLE: VD	<input type="checkbox"/> DELETE	2. TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: FRANZEN, DIRK G.		2. NAME:	
STREET ADDRESS: 10 N RIDGEWAY RD		2.3 STREET ADDRESS:	75 SADDLEBROOK DRIVE
CITY-ST-ZIP: STUART FL		2.4 CITY-ST-ZIP:	JACKSON, TN 38305
TITLE: SD	<input type="checkbox"/> DELETE	3. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: FRANZEN, R A		3. NAME:	
STREET ADDRESS: 34 RIO VISTA DR		3.3 STREET ADDRESS:	
CITY-ST-ZIP: STUART FL		3.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	4. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4. NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	5. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5. NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6. NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(k), 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: *[Signature]* B.A. FRANZEN 3/23/96 954 791-6764
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)