

215101

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(Requestor's Name)

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(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

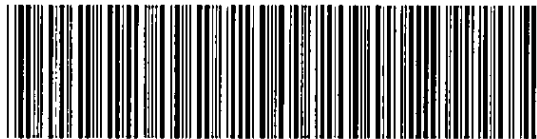
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(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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101-15B

B 15101

TROPICAL BAY, INC.

FILED IN OFFICE OF SECRETARY  
OF STATE, STATE OF FLORIDA,  
by PAY on AUG 30 1958

R. A. GRAY  
SECRETARY OF STATE

**ROLLAND A. FRANZEN**  
ATTORNEY AT LAW  
~~ARLINGTON NATIONAL BANK~~  
ARLINGTON HEIGHTS, ILLINOIS  
~~CLEARING HOUSE~~  
102 E. STATE RD.  
CLEARING NO. 5-6500, 6501

August 28, 1958

*Monroe*

Mr. R. A. Gray, Secretary of State  
Tallahassee  
Florida

Re: TROPICAL BAY, INC.

RECEIVED  
AUG 30 10 27 AM '58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*fax*

Dear Sir:

Having corrected the errors referred to in your letter of August 25, I am enclosing herewith original and one copy of the Articles of the above corporation and my check in the amount of \$27.00.

I trust that you will find everything to be in proper form now and will issue your certificate of incorporation.

Yours very truly,

*R. A. Franzen*  
R. A. Franzen

RAF/ds

Enc.

*cd*

C. TAX	18.00
FILING	5.00
R. AGENT FEE	1.00
C. COPY	3.00
TOTAL	27.00
N. BANK	27.00
BALANCE DUE	
REFUND	

ARTICLES OF INCORPORATION

STATE OF FLORIDA )  
                          ) SS.  
COUNTY OF MONROE )

APPROVED AND FILED  
*P. A. [Signature]*

We, the undersigned, being natural persons of the age of twenty-one years or more and subscribers to the shares of the corporation to be organized pursuant hereto, for the purpose of forming a corporation under Present Law of the State of Florida do hereby adopt the following Articles of Incorporation:

ARTICLE ONE

The name of the corporation is: TROPICAL BAY, INC.

ARTICLE TWO

The purposes for which the corporation is organized are:

The purchase, sale, leasing, mortgaging, construction and development of land and structures and improvements thereon, the operation of motels, hotels, fishing camps, boat rentals, and all necessary things in connection therewith.

ARTICLE THREE

The authorized capital of the corporation is nine hundred shares of ten dollar per share par value common stock having a total par value of

RECEIVED  
AUG 30 10 27 AM '58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

nine thousand dollars (\$9000.00).

Share holders will have the right of cummulative voting.

#### ARTICLE FOUR

The amount of capital with which the corporation will begin business is eight thousand dollars (\$8000.00).

#### ARTICLE FIVE

The corporation shall have perpetual existence.

#### ARTICLE SIX

The post office address of the principal office of the corporation in the State of Florida shall be % William Zeigler, Big Pine Key, Post Office Summerland Key, Florida.

#### ARTICLE SEVEN

The number of directors of the corporation shall be not less than five nor more than six as from time to time may be determined by the shareholders of the corporation.

#### ARTICLE EIGHT

The names and post office addresses of the Board of Directors are as follows:

Edward H. Havelka  
William J. Zeigler  
Herbert Sloan  
Kenneth Potter  
R. A. Franzen

48 Ernest Street, Fox Lake, Illinois  
Round Lake, Illinois  
P.O. Box 516, Mundelein, Illinois  
Wauconda, Illinois  
102 S. State Road, Arl. Hts., Illinois

ARTICLE NINE

The subscribers of the Articles of Incorporation and the number of shares of the value and the consideration therefore are as follows:

R. Van Wakeman	One share of common stock \$10.00.	✓
L. Plass	One share of common stock \$10.00.	
R. A. Franzen	Seven hundred ninety-eight shares of common stock \$7980.00.	

*[Handwritten signature]*  
 \_\_\_\_\_  
*[Handwritten signature]*  
 \_\_\_\_\_

*[Handwritten signature]*  
 \_\_\_\_\_  
 Subscribers

STATE OF ILLINOIS )  
 )SS.  
 COUNTY OF COOK )

OATH AND ACKNOWLEDGMENT

I, Clarice Germer, a Notary Public do hereby certify that on the 16th day of August, 1958, R. Van Wakeman, Lillian Plass, R. A. Franzen personally appeared before me and being first duly sworn by me severally acknowledged that they signed the foregoing document in the respective capacities therein set forth and declared that the statements therein contained are true.

In witness whereof, I have hereunto set my hand and seal the day and year above written.

*[Handwritten signature]*  
 \_\_\_\_\_  
 Notary Public

No. B-15101-A

NAME

*Tropical Bay, Inc.*

FILED IN THE OFFICE OF  
SECRETARY OF STATE  
OF FLORIDA

*9-24-58*  
R. A. GRAY  
SECRETARY OF STATE

BY *R. A. Gray*



**STATE OF FLORIDA**  
**OFFICE**  
**SECRETARY OF STATE**

**Certificate Designating Place of Business or Domicile for the Service of Process Within This State, Naming Agent Upon Whom Process May Be Served and Names and Addresses of the Officers and Directors.**

In pursuance of Chapter 47.34, Florida Statutes 1953, the following is submitted, in compliance with said Act:

First—That \_\_\_\_\_  
a corporation duly organized and existing under the laws of the State of \_\_\_\_\_  
with its principal place of business at City of \_\_\_\_\_  
County of \_\_\_\_\_, State of \_\_\_\_\_  
has designated and established \_\_\_\_\_  
(Street or building)  
City of \_\_\_\_\_, County of \_\_\_\_\_  
State of \_\_\_\_\_, as its place of business or domicile for the service of  
process within this State, and named as its agents \_\_\_\_\_  
\_\_\_\_\_ to accept service of process.

OFFICERS:	AFFIX TITLES: NAME	SPECIFIC ADDRESS

DIRECTORS:	NAME	SPECIFIC ADDRESS

By \_\_\_\_\_

Having been named to accept service of process for the above stated corporation, at place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

It is necessary to file this certificate within thirty days after filing Certificate of Incorporation, as to domestic Corporations and within thirty days after issuance of permit to foreign corporations; and thereafter only when corporation has changed its place of business or agent.

Filing Fee, \$1.00

WM. A. ROGERS  
C. D. TOWERS  
C. C. BAILEY  
H. T. JONES  
C. D. TOWERS, JR.  
F. B. JAMES  
W. R. BLACKARD  
L. R. BANTER  
B. T. MILLER  
W. C. ANDERSON  
E. C. MOSS, JR.  
J. E. DAY  
O. F. GODFREY

ROGERS, TOWERS, BAILEY & JONES

ATTORNEYS AT LAW  
CONSOLIDATED BUILDING  
JACKSONVILLE 9, FLORIDA

September 23rd, 1958

Hon. R. A. Gray  
Secretary of State  
Tallahassee, Florida

RE: TROPICAL BAY, INC.

Dear Sir:

We are enclosing resident agent certificate for the above company together with check to your order for \$1.00.

Will you please file this certificate, advising when done and letting us have receipt covering filing fee.

Thanking you, we are

Yours very truly,

*Rogers, Towers, Bailey & Jones*

ZM  
Encls.

# STATE OF FLORIDA

Certificate Designating an Office, Place of Business, or Domicile, for the Service of Process within this State and Naming Agent Upon Whom Process May Be Served

RECEIVED  
SEP 24 8 28 AM '58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

In pursuance of Section 47.34, Florida Statutes, 1955, the undersigned hereby certifies

That TROPICAL BAY, INC.

a corporation duly organized and existing under the laws of the State of

Florida

with its principal place of business at City of

County of MONROE

State of Florida

has designated and established Room 508, Consolidated Building, East Bay Street, City of Jacksonville 2, County of Duval, State of Florida, as its place of business or domicile for the service of process within this State, and named as its agent The Corporation Company, a corporation duly organized and existing under the laws of the State of Florida, to accept service of process.

IN WITNESS WHEREOF the undersigned corporation has caused this certificate to be signed in its corporate name by its duly authorized officer and its corporate seal to be hereto affixed this 18th day of September A. D. 19 58

(Corporate Seal)

TROPICAL BAY, INC.

TROPICAL BAY, INC.

By [Signature]

Secretary

The undersigned, having been designated as Agent for the service of process within the State of Florida upon the above named corporation, at the place designated in the foregoing certificate, does hereby accept the appointment as such Agent for said corporation.

IN WITNESS WHEREOF, The name and seal of the said Resident Agent is hereto affixed this 23rd day of September A.D. 19 58.

C. TAX	.....
FILING	.....
R. GENT FEE	1.00
G. COPY	.....
TOTAL	1.00
N. BANK	1.00
BALANCE DUE	.....
REFUND	.....

THE CORPORATION COMPANY

By [Signature]

Assistant Secretary.

No. B-15101-B

Tax for Years

Prep 1959

**CORPORATION REPORT AND  
TAX RETURN OF**

TROPICAL BAY, INC.

**P. O. ADDRESS** Big Pine Key,

Florida

(Do not write below this line)

Filed in the office of the Secretary of State of  
the State of Florida, this

day of

A. D. 19

Secretary of State.

(DO NOT DETACH)

## ANNUAL CORPORATION CAPITAL STOCK TAX LAW

### 608.32 Annual report of corporation; contents.—

(1) All corporations heretofore or hereafter incorporated in this state and all foreign corporations heretofore or hereafter authorized to do business in this state are required to file with the secretary of state on or before July 1st of each year a sworn report, on such form as the secretary of state shall prescribe, giving (a) the name of each officer and director and his post office address, (b) the home office of the corporation, (c) the name and address of the resident agent upon whom service of process may be made, (d) the main line of business engaged in by the corporation, (e) the date of the last meeting of its board of directors, (f) whether the corporation has been actively engaged in business during the previous twelve (12) months or if its charter powers have been dormant and unused during that period, (g) the number of the shares of the capital stock of such corporation with the par value thereof, (h) the total amount of capital stock, and if a foreign corporation the amount of its capital stock allocated for use in the State of Florida, (i) such other information as may be needed to show whether the corporation is active or inactive, and (j) such other information as may be necessary for the secretary of state to have in carrying out the provisions of this section and §608.33.

(2) Provided, that railroad, pullman, telephone, telegraph, insurance, banking and trust companies, building and loan associations, cooperative associations, corporations not for profit and corporations paying the maximum capital stock tax, shall be required to furnish the information required under (a) through (f) of subsection (1) hereof only.

(3) All reports herein required shall be for the calendar year and shall be due to be filed on July 1st of each year and the tax payable under §608.33 shall be paid at that time.

### 608.33 Capital stock tax.—

(1) Every corporation, except railroad, pullman, telephone, telegraph, insurance, banking and trust companies, building and loan associations, cooperative marketing associations and corporations not for profit, doing business in this state shall pay to the state for the use of the state a capital stock tax according to the following schedule:

#### SCHEDULE FOR CAPITAL STOCK TAX

For all corporations with capital stock not exceeding \$10,000.00.....	10.00
For capital stock of over \$10,000.00 and not over \$25,000.00.....	25.00
For capital stock of over \$25,000.00 and not over \$50,000.00.....	50.00
For capital stock of over \$50,000.00 and not over \$100,000.00.....	75.00
For capital stock of over \$100,000.00 and not over \$200,000.00.....	100.00
For capital stock of over \$200,000.00 and not over \$500,000.00.....	200.00

For capital stock of over \$500,000.00 and not over \$1,000,000.00..... 500.00

For capital stock of over \$1,000,000.00 and not over \$2,000,000.00..... 750.00

For capital stock of over \$2,000,000.00..... 1,000.00

The capital stock above mentioned refers to the invested capital represented by shares of stock outstanding.

(2) In the case of any Florida corporation having been organized or any foreign corporation which has been authorized to do business in Florida, less than twelve (12) months at the time the report is due and the capital stock tax is to be paid, the tax due that year shall be pro rated according to the number of months the corporation has been in existence or authorized to do business in this state.

(3) Nothing in this section or in §608.32 shall apply to any corporation that has been adjudged bankrupt or dissolved by order of court except that any such corporation shall file a statement setting forth its status in that respect, but shall not be required to pay the capital stock tax.

(4) In the event any of the shares of stock of any such corporation should be no par value, then for the purposes of this section, each share shall be presumed to have value of at least one hundred dollars (\$100.00) per share, which presumption may be overcome by actual proof submitted to the secretary of state. The secretary of state shall make such investigation as he may consider necessary and increase or decrease the value of no par value stock as he may determine to be correct; and in so doing he may take into consideration all facts tending to show the fair market value of the stock, including its sale price, the amount of the surplus of the corporation and such other pertinent facts as he may deem advisable.

608.34. Duties of secretary of state.—The secretary of state shall prescribe the form and furnish the blanks upon request to make the annual reports called for in §608.32, examine the reports when received and if the information called for is given in such reports, he shall file the same as information and keep such reports as public records. He shall pay into the state treasury to be used for such purposes as the legislature may determine all moneys collected under the provisions of §608.33. He shall cause a notice of the requirements of §§608.32-608.33, to be mailed to the last known address of every corporation doing business in the state which shall fail to file within thirty (30) days after July 1st, the report required by §608.32 or pay the capital stock tax imposed by §608.33.

608.35 Penalty for failure to file report and pay tax.—Any corporation failing to comply with the provisions of §608.32 and 608.33 for six (6) months shall not be permitted to maintain or defend any action in any court of this state until such reports are filed and all taxes due under this chapter be paid.

### TO CORPORATION ADDRESSED:

Corporation Capital Stock Tax is due July first each year. On the inside of the form herewith you will find the law in full. In filling out the form be sure and show all information provided for. Do not overlook showing the number of shares of stock issued and outstanding, and in case of shares of no par, show the amount actually invested in all outstanding shares, including any paid in surplus and any surplus set aside as part of the invested capital.

The corporation law requires that each and every corporation shall have not less than three directors, and be sure and show this number on the form.

R. A. GRAY, Secretary of State.

(DO NOT DETACH)

Form D.C.T.R.—For Domestic Corporations

# Corporation Report and Tax Returns

to the

## Secretary of State of Florida

As required by Chapter 608, Florida Statutes

JUN 25 1959  
 JUN 11 1959  
 Date Rec. \_\_\_\_\_  
 Amt. Rec. \_\_\_\_\_  
 Amt. of Tax \_\_\_\_\_

8-23

HON. R. A. GRAY, Secretary of State,  
Tallahassee, Florida.

SIR:

In compliance with the law above referred to we submit below information called for and enclose remittance for \$ 10.00 to pay the tax imposed by said law.

(1) That Tropical Bay, Inc.

(Give correct name of corporation)

Principal place of business Big Pine Key, County of Monroe, Florida

Insert to whom receipt is to be mailed R. A. Franzen, 102 S. State Road, Arlington Heights, Ill.

a corporation duly organized and existing under the laws of the State of Florida, with its principal place of business within the State at Big Pine Key, County

of Monroe, has designated and established The Corporation Company  
Room 508, Consolidated Bldg., East Bay Street,  
City of Jacksonville, Florida, County of Duval, State of

Florida, as its place of business or domicile for the service of process within the State, and has named and does hereby name as its agent upon whom service of process may be made:

William J. Zeigler

Whose address is: Big Pine Key, P. O., Summerland Key, Florida

(2) NAMES AND ADDRESSES OF OFFICERS: BE SURE AND AFFIX TITLES:

Name	Title	Address
Edward J. Havelka	President	48 Ernest Street, Fox Lake, Ill.
William J. Zeigler	Vice President	Round Lake, Illinois
Sam Rinella	Vice President	1459 Waukegan, Northbrook, Ill.
R. A. Franzen	Secretary	102 S. State Road, Arlington Heights, Ill.
Herbert Sloan	Treasurer	P. O. Box 516, Mundelein, Ill.
Kenneth Potter	Asst. Sec.	Wauconda, Illinois

(3) NAMES AND ADDRESSES OF DIRECTORS: Not less than (3) three:

Name	Address
Edward J. Havelka	48 Ernest Street, Fox Lake, Ill.
William J. Zeigler	Round Lake, Illinois
R. A. Franzen	102 S. State Road, Arlington Heights, Ill.
Herbert Sloan	P. O. Box 516, Mundelein, Ill.
Kenneth Potter	Wauconda, Illinois

(4) General nature of main business engaged in the purchase, sale, leasing, mortgaging, construction and development of land and structures and improvements thereon, the operation of motels, hotels, fishing camps, boat rentals, and all necessary things in connection therewith.

(5) Date incorporated August 30, 1958

(See copy of law printed herein).

1959  
8-23

Date of last meeting of Board of Directors April 6, 1959  
Is Corporation active? Yes If inactive, state how long \_\_\_\_\_  
Is the purpose of the Corporation to begin operations in the future? \_\_\_\_\_

### CAPITAL STOCK STATEMENT

(8) The total authorized capital stock as follows:  
900 shares of the par value of \$10.00 each  
None shares without nominal or par value

OUTSTANDING CAPITAL STOCK AS FOLLOWS:

800 shares of the par value of \$10.00 each \$ 8,000.00

None shares without nominal or par value, actual

(to state and show number of shares issued and their actual value. Evidence of actual value may be shown by a condensed sheet.)

Total outstanding capital stock \$ 8,000.00

Tax as per schedule 10.00

ONLY ONE REPORT NECESSARY WHEN MORE THAN ONE YEAR'S TAX IS PAID AT THE TIME OF FILING.

(7) We, the undersigned, certify the above state of facts to be true and correct as shown by our books.

Tropical Bay, Inc.

(SEAL)

By

Edward J. Havelka  
By President or Vice-President

ATTEST:

[Signature]  
Secretary

ILLINOIS  
STATE OF ~~COOK~~  
COUNTY OF COOK

Personally appeared before me Edward J. Havelka, President and R. A. Fransen,  
Secretary

who deposes and says that he executed this certificate for and in behalf of said corporation, and that the statement therein contained is true and correct to the best of his knowledge and belief.

Sworn to and subscribed before me this 8th day of June, 19 59

(SEAL)

[Signature]  
Signature of officer taking acknowledgment

No. B-15101-C

Tax for Years

1960

**CORPORATION REPORT AND  
TAX RETURN OF**

TROPICAL BAY, INC.

P. O. ADDRESS \_\_\_\_\_

(Do not write below this line)

Filed in the office of the Secretary of State of  
the State of Florida, this \_\_\_\_\_  
day of \_\_\_\_\_

A. D. 19 \_\_\_\_\_

Secretary of State.

SEE FRONT COVER, TALLahas, FLORIDA



# Corporation Report and Tax Return

to the

## Secretary of State of Florida

as required by Chapter 808, Florida Statutes

Date Rec. JUN 21 1960

Amt. Rec. 15

Make check payable and mail to Secretary of State, Tallahassee, Florida. This report is due on or before July 1st of each year.

1. NAME TROPICAL BAY, INC.  
Give correct name
2. ADDRESS Big Pine Key, Florida Monroe  
of the principal place of business (Town) (County)
3. ADDRESS 102 S. State Road Arlington Heights, Ill.  
where receipt for this payment is to be mailed
4. NAME OF RESIDENT AGENT The Corporation Trust Company ADDRESS Room 508 Consolidated Bldg. E. Bay St. Jacksonville 2, Fla.

### 5. NAMES AND ADDRESSES OF OFFICERS:

NAME	TITLE	ADDRESS
Edward J. Havelka	President	Box 372 Big Pine Key, Florida
William J. Zeigler	Vice President	Box 847 Round Lake, Illinois
Sam Rinella	Vice President	1459 Waukegan, Northbrook, Ill.
R. A. Franzen	Secretary	102 S. State Rd. Arlington Hts. Ill.
Herbert Sloan	Treasurer	P. O. Box 516 Mundelein, Ill.
Kenneth Potter	Asst. Sec.	Wauconda, Ill.

### 6. NAMES AND ADDRESSES OF DIRECTORS (law requires at least (3) Directors)

NAME	ADDRESS
Edward J. Havelka	Box 372 Big Pine Key, Florida
William J. Zeigler	Box 847 Round Lake, Ill.
R. A. Franzen	102 S. State Rd. Arlington Hts. Ill.
Herbert Sloan	P. O. / Box 516 Mundelein, Ill.
Kenneth Potter	Wauconda, Illinois

### CAPITAL STOCK STATEMENT

7. Total AUTHORIZED Capital Stock:  
900 Shares of par value of \$ 10.00 each.  
 \_\_\_\_\_ Shares without nominal or par value.
8. OUTSTANDING Capital Stock  
800 Shares of the par value of \$ 10.00 each, \$ 8,000.00  
 \_\_\_\_\_ Shares without nominal or par value (actual) \$ \_\_\_\_\_  
 Total OUTSTANDING capital stock \$ 8,000.00

NO PAR value shares are presumed to have a value of least \$100.00 per share, but report should be accompanied by a brief financial statement showing actual value, including surplus which has become a part of invested capital.

Only one (1) report necessary where more than one (1) year's tax is paid at the time of filing.

9. Date of last meeting of Directors March 8, 1960  
 Is corporation active? Yes If inactive, state how long \_\_\_\_\_  
 Is the purpose of the corporation to begin business in the future? \_\_\_\_\_

10. We the undersigned, certify the above statement of facts to be true and correct as shown by our books.

By William J. Zeigler (Corporate Seal)  
Secretary

11. General nature of business engaged in Real Estate Development
12. Date incorporated August 30, 1958

STATE OF ILLINOIS  
 COUNTY OF Cook

Personally appeared before me R. A. Franzen who deposes and says that he executed this certificate for and in behalf of said corporation and that the statement herein contained is true and correct to the best of his knowledge and belief.

Sworn to and subscribed before me this 13th day of June 19 60

(Notary Seal)

Richard E. Danoske  
Signature of Officer taking acknowledgment

ORIGINAL. Tear apart. Send in only the original. Keep COPY for your files.  
 PLEASE PRINT OR TYPE AND IT IS DESIRABLE THAT EACH APPLICABLE QUESTION BE ANSWERED.

No. \_\_\_\_\_

NAME

FILED IN THE OFFICE OF  
SECRETARY OF STATE  
OF FLORIDA

R. A. GRAY  
SECRETARY OF STATE

BY \_\_\_\_\_

**STATE OF FLORIDA**  
**OFFICE**  
**SECRETARY OF STATE**

RECEIVED  
SEP 19 8 45 AM '60  
TALLAHASSEE, FLORIDA

Certificate Designating Place of Business or Domicile for the Service of Process Within This State, Naming Agent Upon Whom Process May Be Served and Names and Addresses of the Officers and Directors.

In pursuance of Chapter 47.34, Florida Statutes 1953, the following is submitted, in compliance with said Act:

First—That TROPICAL BAY, INC.

a corporation duly organized and existing under the laws of the State of FLORIDA

with its principal place of business at City of Big Pine Key

County of Monroe, State of Florida

has designated and established P.O. Box 372, Big Pine Key, Florida  
(Street or building)

City of Big Pine Key, County of Monroe

State of Florida, as its place of business or domicile for the service of

process within this State, and named as its agents Edward J. Havelka

to accept service of process.

OFFICERS:	AFFIX TITLES: NAME	SPECIFIC ADDRESS
<u>Edward J. Havelka</u>	<u>President</u>	<u>P.O. Box 372 Big Pine Key, Florida</u>
<u>Wm. J. Zeigler</u>	<u>Vice President</u>	<u>P.O. Box 847 Round Lake, Illinois</u>
<u>Samuel Rinella</u>	<u>Vice President</u>	<u>1 N. La Salle Street, Chicago, Illinois</u>
<u>R. A. Franzen</u>	<u>Secretary</u>	<u>102 S. State Road, Arlington Heights, Ill.</u>
<u>Herbert Sloan</u>	<u>Treasurer</u>	<u>P.O. Box 516, Mundelein, Illinois</u>
<u>Kenneth Potter</u>	<u>Asst. Secretary</u>	<u>Wauconda, Illinois</u>

DIRECTORS:	NAME	SPECIFIC ADDRESS
<u>Edward J. Havelka</u>		<u>P.O. Box 372, Big Pine Key, Florida</u>
<u>Wm. J. Zeigler</u>		<u>P.O. Box 847, Round Lake, Illinois</u>
<u>Samuel Rinella</u>		<u>1 N. La Salle Street, Chicago, Illinois</u>
<u>R. A. Franzen</u>		<u>102 S. State Road, Arlington Heights, Ill.</u>
<u>Herbert Sloan</u>		<u>P.O. Box 516, Mundelein, Illinois</u>
<u>Kenneth Potter</u>		<u>Wauconda, Illinois</u>

By Edward J. Havelka Secy

Having been named to accept service of process for the above stated corporation, at place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

*Edward J. Havelka*

It is necessary to file this certificate within thirty days after filing Certificate of Incorporation, as to domestic Corporations and within thirty days after issuance of permit to foreign corporations; and thereafter only when corporation has changed its place of business or agent.

Filing Fee, \$1.00

ROLLAND A. FRANZEN  
ATTORNEY AT LAW  
102 S. STATE ST.  
ARLINGTON HEIGHTS, ILLINOIS  
CLEARBOOK 5-6200, 6501

September 14, 1960

Mr. R. A. Gray, Secretary of State  
Tallahassee, Florida

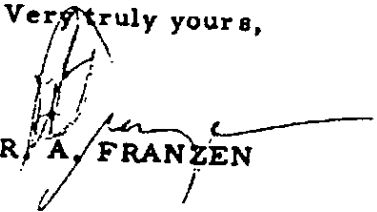
Re: Tropical Bay, Inc.

Dear Sir:

I am enclosing herewith original and one copy of  
Certificate changing registered agent of the above corporation,  
together with corporation check in the amount of \$1.00 to cover  
filing fees.

Will you kindly acknowledge filing on the copy and return  
to me at your early convenience.

Very truly yours,

  
R. A. FRANZEN

RAF:GEG  
Enclosures

No. B 15101-D

**NAME**

*Tropical Bay, Inc.*

**FILED IN THE OFFICE OF  
SECRETARY OF STATE  
OF FLORIDA**

*9-19-60*

**R. A. GRAY  
SECRETARY OF STATE**

BY *H.S.*

STATE OF FLORIDA  
OFFICE  
SECRETARY OF STATE

RECEIVED  
SEP 19 8 45 AM '60  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Certificate Designating Place of Business or Domicile for the Service of Process Within This State. Naming Agent Upon Whom Process May Be Served and Names and Addresses of the Officers and Directors.

In pursuance of Chapter 47.34, Florida Statutes 1953, the following is submitted, in compliance with said Act:

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a corporation duly organized and existing under the laws of the State of FLORIDA

with its principal place of business at City of Big Pine Key

County of Monroe, State of Florida

has designated and established P. O. Box 372, Big Pine Key, Florida  
(Street or building)

City of Big Pine Key, County of Monroe

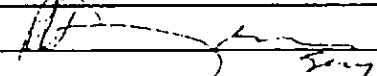
State of Florida, as its place of business or domicile for the service of

process within this State, and named as its agents Edward J. Havelka

to accept service of process.

OFFICERS:	AFFIX TITLES: NAME	SPECIFIC ADDRESS
<u>Edward J. Havelka</u>	<u>President</u>	<u>P. O. Box 372 Big Pine Key, Florida</u>
<u>Wm. J. Zeigler</u>	<u>Vice President</u>	<u>P. O. Box 847 Round Lake, Illinois</u>
<u>Samuel Rinella</u>	<u>Vice President</u>	<u>1 N. La Salle Street, Chicago, Illinois</u>
<u>R. A. Fransen</u>	<u>Secretary</u>	<u>102 S. State Road, Arlington Heights, Ill.</u>
<u>Herbert Sloan</u>	<u>Treasurer</u>	<u>P. O. Box 516, Mundelein, Illinois</u>
<u>Kenneth Potter</u>	<u>Asst. Secretary</u>	<u>Wauconda, Illinois</u>

DIRECTORS:	NAME	SPECIFIC ADDRESS
<u>Edward J. Havelka</u>		<u>P. O. Box 372, Big Pine Key, Florida</u>
<u>Wm. J. Zeigler</u>		<u>P. O. Box 847, Round Lake, Illinois</u>
<u>Samuel Rinella</u>		<u>1 N. La Salle Street, Chicago, Illinois</u>
<u>R. A. Fransen</u>		<u>102 S. State Road, Arlington Heights, Ill.</u>
<u>Herbert Sloan</u>		<u>P. O. Box 516, Mundelein, Illinois</u>
<u>Kenneth Potter</u>		<u>Wauconda, Illinois</u>

By 

Having been named to accept service of process for the above stated corporation, at place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

Edward J. Havelka

It is necessary to file this certificate within thirty days after filing Certificate of Incorporation, as to domestic Corporations and within thirty days after issuance of permit to foreign corporations; and thereafter only when corporation has changed its place of business or agent.

No. B-15101-E

Tax for Years

1961

**CORPORATION REPORT AND  
TAX RETURN OF**

**TROPICAL BAY, INC.** ✓

P. O. ADDRESS Big Pine Key, Florida

(Do not write below this line)

Filed in the office of the Secretary of State of  
the State of Florida, this \_\_\_\_\_  
day of \_\_\_\_\_  
A. D. 19\_\_\_\_\_

Secretary of State.

# Corporation Report and Tax Return

to the

## Secretary of State of Florida

as required by Chapter 608, Florida Statutes

Date Rec. JUN 26 1961  
 Amt. Rec. 10-

Make check payable and mail to Secretary of State, Tallahassee, Florida. This report is due on or before July 1st of each year. Amount remitted with this report \$ 10.00

1. NAME TROPICAL BAY, INC.
2. ADDRESS Big Pine Key, Florida Monroe  
Give correct name of the principal place of business (Town) (County)
3. ADDRESS 102 S. State Road, Arlington Heights, Illinois  
where receipts for this payment is to be mailed
4. NAME OF RESIDENT AGENT Edward J. Havelka ADDRESS P.O. Box 372, Big Pine Key, Florida

5. NAMES AND ADDRESSES OF OFFICERS:

NAME	TITLE	ADDRESS
Edward J. Havelka	President	P.O. Box 372, Big Pine Key, Fla.
William J. Zeigler	Vice-President	Box 847, Round Lake, Illinois
R. A. Franzen	Secretary	1459 Waukegan, Northbrook, Ill.
Herbert Sloan	Treasurer	102 S. State Rd. Arlington Hts. Ill.
Kenneth Potter	Asst. Sec.	Box 516 Mundelein, Ill. Wauconda, Ill.

6. NAMES AND ADDRESSES OF DIRECTORS (law requires at least (3) Directors)

NAME	ADDRESS
Edward J. Havelka	Box 372 Big Pine Key, Florida
William J. Zeigler	Box 847 Round Lake, Ill.
R. A. Franzen	102 S. State Rd. Arlington Hts. Ill.
Herbert Sloan	Box 516 Mundelein, Ill.
Kenneth Potter	Wauconda, Ill.

CAPITAL STOCK STATEMENT

7. Total AUTHORIZED Capital Stock:  
900 Shares of par value of \$ 10.00 each.  
 \_\_\_\_\_ Shares without nominal or par value.
- OUTSTANDING Capital Stock
8. 800 Shares of the par value of \$ 10.00 each. \$ 8,000.00  
 \_\_\_\_\_ Shares without nominal or par value (actual) \$ \_\_\_\_\_  
 Total OUTSTANDING capital stock \$ 8,000.00

NO PAR value shares are presumed to have a value of at least \$100.00 per share, but report should be accompanied by a brief financial statement showing actual value, including surplus which has become a part of invested capital.  
 Only one (1) report necessary where more than one (1) year's tax is paid at the time of filing.

9. Date of last meeting of Directors March 14, 1961  
 Is corporation active? Yes If inactive, state how long \_\_\_\_\_  
 Is the purpose of the corporation to begin business in the future? \_\_\_\_\_

10. We the undersigned, certify the above statement of facts to be true and correct as shown by our books.

By President or V-President \_\_\_\_\_ Attest: [Signature] (Corporate Seal)  
 Secretary

11. General nature of business engaged in Real Estate Development

12. Date incorporated August 30, 1958

STATE OF ~~FLORIDA~~ ILLINOIS  
 COUNTY OF COOK

Personally appeared before me R. A. Franzen who deposes and says that he executed this certificate for and in behalf of said corporation and that the statement herein contained is true and correct to the best of his knowledge and belief.

Sworn to and subscribed before me this 15th day of June 19 61

(Notary Seal) \_\_\_\_\_  
 Signature of Officer taking acknowledgment

ORIGINAL. Tear apart. Send in only the original. Keep COPY for your files.  
 PLEASE PRINT OR TYPE AND IT IS DESIRABLE THAT EACH APPLICABLE QUESTION BE ANSWERED.



No. B-15101-F

Tax for Years

1962

**CORPORATION REPORT AND  
TAX RETURN OF**

TROPICAL BAY, INC.

P. O. ADDRESS P. O. Box 372

Big Pine Key, Florida

(Do not write below this line)

Filed in the office of the Secretary of State of  
the State of Florida, this \_\_\_\_\_

day of \_\_\_\_\_

A. D. 19 \_\_\_\_\_

\_\_\_\_\_  
Secretary of State.

JUN 20 1962

# Corporation Report and Tax Return

to the

## Secretary of State of Florida

as required by Chapter 608, Florida Statutes

Do not write in this space.

Amt. Rec. \_\_\_\_\_

Amt. Due \_\_\_\_\_

Refund \_\_\_\_\_

Bal. Due \_\_\_\_\_

Val. No. \_\_\_\_\_

JUN 20 1962 \*7 08300 \*\*\*\*\*10.00

**DIRECTIONS:** Read carefully.

Corporations are required to complete IN FULL a report and file with the Secretary of State on or before July 1 annually. Please print or type the information required herein. Make check for the capital stock tax payment payable to the Secretary of State. Tax is based on the value of issued and outstanding capital stock. See schedule on taxpayer's COPY. Only one (1) report necessary where more than one (1) year's tax is paid at the time of filing. Amount remitted with this report \$ 10.00

1. NAME TROPICAL BAY, INC.

Give correct name

2. ADDRESS OF PRINCIPAL PLACE OF BUSINESS Box 372

(Street or Post Office Box)

Big Pine Key

Monroe

Florida

(City)

(County)

(State)

3. NAMES AND ADDRESSES OF OFFICERS:

NAME	TITLE	ADDRESS
Edward J. Havelka	President	P.O. Box 372, Big Pine Key, Florida
William J. Zeigler	Vice-President	P.O. Box 847, Round Lake, Ill.
Sam Rinella	Vice-President	1459 Waukegan, Northbrook, Ill.
R.A. Franzen	Secretary	102 S. State Rd. Arlington Hts. Ill.
Herbert Sloan	Treasurer	Box 516 Mundelein, Ill.

4. NAMES AND ADDRESSES OF DIRECTORS (law requires at least (3) Directors)

NAME	ADDRESS
Edward J. Havelka	P.O. Box 372 Big Pine Key, Florida
William J. Zeigler	P.O. Box 847, Round Lake, Ill.
R.A. Franzen	102 S. State Rd. Arlington Heights, Ill.
Herbert Sloan	Box 516 Mundelein, Ill.

5. NAME OF RESIDENT AGENT \_\_\_\_\_ ADDRESS \_\_\_\_\_

### CAPITAL STOCK STATEMENT\*

\*NO PAR value shares are presumed to have a value of at least \$100.00 per share, but report should be accompanied by a brief financial statement showing actual value, including surplus which has become a part of invested capital.

6. Total AUTHORIZED Capital Stock:  
900 Shares of the par value of \$ 10.00 each.  
\_\_\_\_ Shares without nominal or par value.

7. OUTSTANDING Capital Stock:  
800 Shares of the par value of \$ 10.00 each. \$ 8,000.00  
\_\_\_\_ Shares without nominal or par value (actual) \$ \_\_\_\_\_  
Total OUTSTANDING capital stock \$ 8,000.00

8. Date of last meeting of Directors March 13, 1962

Is the corporation active? YES If inactive, state how long \_\_\_\_\_

Is the purpose of the corporation to begin business in the future? \_\_\_\_\_

9. General nature of business engaged in Real Estate Development

10. Date incorporated August 30, 1958

11. We, the undersigned, certify the above statement of facts to be true and correct as shown by our books.

By President or V-President

Attest:

(Corporate Seal)

Secretary

STATE OF ~~FLORIDA~~ ILLINOIS  
COUNTY OF COOK

Personally appeared before me R.A. Franzen

who deposes and says that he executed this certificate for and in behalf of said corporation and that the statement herein contained is true and correct to the best of his knowledge and belief.

Sworn to and subscribed before me this 13th day of June 1962

(Notary Seal)

Signature of Notary taking acknowledgment

ORIGINAL. Tear apart. Send in only the original. Keep COPY for your files.

No. B-15101-G

Tax for Years

1963

(Do not write above this line)

**CORPORATION REPORT AND  
TAX RETURN OF**

TROPICAL BAY, INC.

P. O. ADDRESS P. O. Box 3722

Big Pine Key, Florida

(Do not write below this line)

Filed in the office of the Secretary of State of

the State of Florida, this \_\_\_\_\_

day of \_\_\_\_\_

A. D. 19\_\_\_\_\_

\_\_\_\_\_  
Secretary of State.  
\_\_\_\_\_

# Corporation Report and Tax Return for Domestic Corporations

## Secretary of State of Florida

as required by Chapter 608, Florida Statutes

Do not write in this space.

Amt. Rec. \_\_\_\_\_

Amt. Due \_\_\_\_\_

Refund \_\_\_\_\_

Bal. Due \_\_\_\_\_

JL:Val No<sup>2</sup> 22 00000 444 \*10.00

**DIRECTIONS:** Read carefully.

Corporations are required to complete IN FULL a report and file with the Secretary of State on or before July 1 annually. Please print or type the information required herein. Make check for the capital stock tax payment payable to the Secretary of State. Tax is based on the value of issued and outstanding capital stock. See schedule on taxpayer's COPY. Only one (1) report necessary where more than one (1) year's tax is paid at the time of filing. Amount remitted with this report \$0.00

1. NAME TROPICAL BAY, INC.  
(Give exact name of corporation)

2. ADDRESS OF PRINCIPAL PLACE OF BUSINESS Box 372  
(Street or Post Office Box)  
Big Pine Key Monroe Florida  
(City) (County) (State)

3. NAMES AND ADDRESSES OF OFFICERS:

NAME	TITLE	ADDRESS
<u>Edward J. Havelka</u>	<u>President</u>	<u>P.O. Box 372, Big Pine Key, Fla.</u>
<u>William J. Zeigler</u>	<u>Vice-President</u>	<u>P.O. Box 847, Round Lake, Ill.</u>
<u>Sam Rinella</u>	<u>Vice-President</u>	<u>1459 Waukegan, Northbrook, Ill.</u>
<u>R. A. Franzen</u>	<u>Secretary</u>	<u>102 S. State Rd. Arlington Hts. Ill.</u>
<u>Herbert Sloan</u>	<u>Treasurer</u>	<u>Box 516 Mundelein, Ill.</u>

4. NAMES AND ADDRESSES OF DIRECTORS (law requires at least (3) Directors)

NAME	ADDRESS
<u>Edward J. Havelka</u>	<u>P.O. Box 372, Big Pine Key, Florida</u>
<u>William J. Zeigler</u>	<u>P.O. Box 847, Round Lake, Ill.</u>
<u>R. A. Franzen</u>	<u>102 S. State Road, Arlington Heights, Ill.</u>
<u>Herbert Sloan</u>	<u>Box 516 Mundelein, Ill.</u>
<u>Sam Rinella</u>	<u>1459 Waukegan, Northbrook, Ill.</u>

5. NAME OF RESIDENT AGENT \_\_\_\_\_ ADDRESS \_\_\_\_\_

### CAPITAL STOCK STATEMENT\*

\*100 PAR value shares are presumed to have a value of at least \$100.00 per share, but report should be accompanied by a brief financial statement showing actual value, including surplus which has become a part of invested capital.

6. Total AUTHORIZED Capital Stock:  
900 Shares of the par value of \$ 10.00 each.  
 \_\_\_\_\_ Shares without nominal or par value.
7. OUTSTANDING Capital Stock:  
800 Shares of the par value of \$ 10.00 each. \$ 8,000.00  
 \_\_\_\_\_ Shares without nominal or par value (actual) \$ \_\_\_\_\_  
 Total OUTSTANDING capital stock \$ 8,000.00
8. Date of last meeting of Directors March 12, 1963  
 Is the corporation active? YES If inactive, state how long \_\_\_\_\_  
 Is the purpose of the corporation to begin business in the future? \_\_\_\_\_
9. General nature of business engaged in Real Estate Development
10. Date incorporated August 30, 1958

11. We, the undersigned, certify the above statement of facts to be true and correct as shown by our books.

By President or V-President: \_\_\_\_\_

Attest: \_\_\_\_\_

(Corporate Seal)

Secretary

STATE OF ~~FLORIDA~~ ILLINOIS  
 COUNTY OF COOK

Personally appeared before me R. A. FRANZEN  
 who deposes and says that he executed this certificate for and in behalf of said corporation and that the statement herein contained is true and correct to the best of his knowledge and belief.

Sworn to and subscribed before me this 27th day of June 1963

(Notary Seal)

Y. [Signature]  
 Signature of Notary taking acknowledgment

ORIGINAL. Tear apart. Send in only the original. Keep COPY for your files.

**Corporation Report and Tax Return  
for Foreign and Domestic Corporations**  
State of Florida  
**Secretary of State**  
Tallahassee, Florida

1st Copy

Refer to This Number  
in All Correspondence

This return is due  
on July 1  
1964

54-00-8-215101

DELINQUENT  
AFTER 30 DAYS

TROPICAL BAY INC  
BOX 372  
BIG PINE KEY FLA

1. TROPICAL BAY, INC. (General nature of business) Real Estate Development  
(Give exact name of corporation)

3. P. O. Box 372 (Street or Post Office Box of principal place of business) Big Pine Key (City) Monroe (County) Florida (State)

4. a. Edward J. Havelka Vice-President P. O. Box 372, Big Pine Key, Fla.  
William J. Zeigler (Officers - Name) (Title) (Address)

b. Sam Rinella Vice-President 1459 Waukegan, Northbrook, Ill.

c. R. A. Franzen Secretary 102 S. State Rd. Arlington Heights, Ill.

d. Harry John Thomas Treasurer 144 N. 5th Street, Beach Grove, Indiana

5. a. Edward J. Havelka P. O. Box 372, Big Pine Key, Florida  
(Directors - Name) (Law requires at least (3) (three)) (Address)

b. William J. Zeigler P. O. Box 847, Round Lake, Ill.

c. R. A. Franzen 102 S. State Road, Arlington Heights, Ill.

d. Sam Rinella 1459 Waukegan, Northbrook, Ill.  
Edward J. Havelka P. O. Box 372, Big Pine Key, Florida

6. (Resident Agent Name) (Address)

I hereby acknowledge acceptance of the appointment as resident agent upon whom service of process may be made Edward J. Havelka (Signature of resident agent)

7. Last meeting of Directors 3 month 10 day 44 8. Corporation Active? (Yes) 9. Inactive, if inactive, inactivity began (Month - Day - Year)

10. If inactive, will corporation begin business in the future? (Yes or No) 11. Date Incorporated (Month - Day - Year) 12. If foreign corporation, Date Qualified in Fla. (Month - Day - Year)

13. Total Authorized Capital Stock:	14. Outstanding Capital Stock:
(a) <u>200</u> shares with par value <u>\$ 10.00</u>	(a) <u>200</u> shares with par value <u>\$ 10.00</u> <u>\$ 2,000.00</u>
(b) _____	(b) _____
(c) _____	(c) _____
(d) Total (a) + (b) + (c) _____	(d) Total (a) + (b) + (c) <u>\$ 2,000.00</u>

15. If foreign corporation, give amount of capital employed in Florida. \$ \_\_\_\_\_ 16. If foreign corporation, give the number of States in which you do business. \_\_\_\_\_

17. Amount of tax remitted with this return \$ 20 00

18. We, the undersigned, certify the above statement of Tropical Bay, Inc.  
Attest: \_\_\_\_\_ Secretary

STATE OF Illinois  
COUNTY OF Illinois  
Personally appeared R. A. Franzen  
who deposes and says that he executed this certificate for and in behalf of said corporation and that the statement herein contained is true and correct to the best of his knowledge and belief.  
Sworn to and subscribed before me this 23rd day of July 19 64  
(Notary Seal) Wladimir H. Havelka  
Signature of Notary taking acknowledgment

RECEIVED  
1964 AUG 10 PM 1:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Corporation Report and Tax Return for Foreign and Domestic Corporations

State of Florida  
Secretary of State

1st Copy

Tallahassee, Florida

Refer to This Number  
in All Correspondence

This return is due  
on July 1

TROPICAL BAY INC  
BOX 372  
BIG PINE KEY FLA

54-806-8-215101

1965

INSERT ZIP CODE IF NOT SHOWN

1. TROPICAL BAY, INC. (General nature of business)  
(Give exact name of corporation) 2. Real Estate Development

3. P.O. Box 372 Big Pine Key, Monroe, Florida.  
(Street or Post Office Box of principal place of business) (City) (County) (State)

4. a. Edward J. Havelka President P.O. Box 372, Big Pine Key, Florida  
(Officer's Name) (Title) (Address)  
b. William J. Zeigler Secretary P.O. Box 250, Round Lake, Illinois  
(Officer's Name) (Title) (Address)  
c. R. A. Franzen Secretary 102 S. State Road, Arlington Heights, Illinois  
(Officer's Name) (Title) (Address)  
d. Harry Allen Thomas Treasurer 444 P.O. Box 333, Big Pine Key, Florida  
(Officer's Name) (Title) (Address)

5. a. Edward J. Havelka P.O. Box 372, Big Pine Key, Florida  
(Directors - Name) (Law requires at least (3) three) (Address)  
b. William J. Zeigler P.O. Box 250, Round Lake, Illinois  
c. R. A. Franzen 102 S. State Road, Arlington Heights, Illinois  
d. Sam Minella 1459 Waukegan, Northbrook, Illinois

6. Edward J. Havelka P.O. Box 372, Big Pine Key, Florida  
(Resident Agent Name) (Address)

I hereby acknowledge acceptance of the appointment  
as resident agent upon whom service of process may be made \_\_\_\_\_  
(Signature of resident agent)

7. Last meeting of Directors 3/9/65 8. Corporation Active? Yes 9. If inactive, inactivity began ---  
(Month - Day - Year) (Yes or No) (Month - Day - Year)

10. If inactive, will corporation begin business in the future? --- 11. Date Incorporated 5/30/59 12. If foreign corporation, Date Qualified in Fla. ---  
(Yes or No) (Month - Day - Year) (Month - Day - Year)

13. Total Authorized Capital Stock:

<u>300</u>	\$ <u>16.00</u>
(No. of shares with par value)	(Par value each)
_____	\$ _____
(No. of shares without par value)	(Total value)
_____	\$ _____
(No. of shares without par or stated value)	(Total stated value)

14. Outstanding Capital Stock:

(a) <u>300</u>	\$ <u>16.00</u>	\$ <u>8,000.00</u>
(No. of shares with par value)	(Par value each)	(Total value)
(b) _____	\$ _____	\$ _____
(No. of shares with par value)	(Par value each)	(Total value)
(c) _____	\$ _____	\$ _____
(No. of shares without par or stated value)	(Total stated value)	(Total value)
(d) Total (a) + (b) + (c)	\$ _____	\$ <u>8,000.00</u>
		(Total value)

15. Amount of tax Due \$ 33.00

16. Less Credit \_\_\_\_\_  
Memo if any \$ \_\_\_\_\_

17. Amount of tax remitted with this return \$ 20.00

20. We, the undersigned, certify the above statement of facts to be true and correct as shown by our books.

By President or V-President

STATE OF Florida  
COUNTY OF Monroe

Attest: \_\_\_\_\_  
Secretary

Personally appeared before me Anita K. McAnelly  
who deposes and says that he executed this certificate for and in behalf of said corporation and that the statement herein contained is true and correct to the best of his knowledge and belief.

Sworn to and subscribed before me this 24th day of June 1965.

(Notary Seal)

Signature of Notary taking acknowledgment

3-15101

RECEIVED

JUL 21 9 21 AM '65

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



# Corporation Report and Tax Return for Foreign and Domestic Corporations

1st Copy

State of Florida  
**SECRETARY OF STATE**

Tallahassee, Florida  
1966 MAY -2 PM 1:07

Refer to This Number  
in All Correspondence

This return is due  
on July 1

54-00-1-215101

1966

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B-15101

TROPICAL BAY INC  
BOX 372  
BIG PINE KEY FL

1. TROPICAL BAY, INC. (General nature of business)  
2. Real Estate Development

3. P.O. Box 372 Big Pine Key Monroe Florida  
(Street or Post Office Box of principal place of business) (City) (County) (State)

4. a. Edward J. Havelka President P.O. Box 372, Big Pine Key, Florida  
(Officers-Name) (Title) (Address)  
b. William J. Zeigler V. Pres. P.O. Box 250, Round Lake, Illinois  
Sam Rinella V. Pres. 1459 Waukegan, Northbrook, Illinois  
c. R. A. Franzen Secretary 102 S. State Road, Arlington Heights, Ill.  
d. Harry Allen Thomas Treasurer P.O. Box 343, Big Pine Key, Florida

5. a. Edward J. Havelka P.O. Box 372, Big Pine Key, Florida  
(Directors - Name) (Law requires at least (3) three) (Address)  
b. William J. Zeigler P.O. Box 250, Round Lake, Illinois  
c. R. A. Franzen 102 S. State Road, Arlington Heights, Illinois  
d. Sam Rinella 1459 Waukegan, Northbrook, Illinois

6. Edward J. Havelka P.O. Box 372, Big Pine Key, Florida  
(Resident Agent Name) (Address)

7. Last meeting of Directors 3-8-66 8. Corporation Active? Yes 9. If inactive, inactivity began ---  
(Month - Day - Year) (Yes or No) (Month - Day - Year)

10. If inactive, will corporation begin business in the future? --- 11. Date Incorporated 8-30-58 12. Date Qualified in Fla. ---  
(Yes or No) (Month - Day - Year) (Month - Day - Year)

13. Total Authorized Capital Stock:

<u>900</u>	<u>\$ 10.00</u>
(No. of shares with par value)	(Par value each)
<u>---</u>	<u>\$</u>
(No. of shares without par or nominal value)	(Total actual value)

15. Amount of tax Due \$ 20.00

16. Less Credit \$ ---

17. Penalty and Interest (see instructions) \$ 20.00

18. Amount of tax remitted with this return \$ 20.00

14. Outstanding Capital Stock: (issued)

(a) <u>800</u>	<u>\$ 10.00</u>	<u>\$ 8,000.00</u>
(No. of shares with par value)	(Par value each)	(Total value)
(b) <u>---</u>	<u>---</u>	<u>---</u>
(No. of shares with par value)	(Par value each)	(Total value)
(c) <u>---</u>	<u>---</u>	<u>---</u>
(No. of shares without par or nominal value)	(Total actual value)	
(d) Total (a) + (b) + (c)		<u>\$ 8,000.00</u>

19. If foreign corporation, give amount of capital employed in Florida. \$ ---

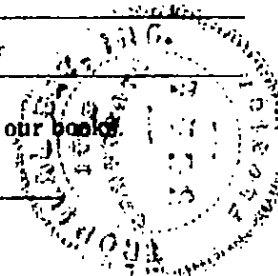
20. If foreign corporation, give the number of States in which you do business. ---

21. We, the undersigned, certify the above statement of facts to be true and correct as shown by our books.

William J. Zeigler  
President or V-President

STATE OF ILLINOIS  
COUNTY OF COOK

Attest: ---  
Secretary



Personally appeared before me William J. Zeigler  
who deposes and says that he executed this certificate for and in behalf of said corporation and that the statement herein contained is true and correct to the best of his knowledge and belief.

Signed to and subscribed before me this 26th day of April 1966

(Notary Seal) Charles H. McGraw  
Signature of Notary taking acknowledgment

# Corporation Report and Tax Return for Foreign and Domestic Corporations

State of Florida  
**SECRETARY OF STATE**

Tallahassee, Florida

1967 MAR 23 PM 1:05

Refer to This Number  
in All Correspondence

This return is due  
on July 1

TROPICAL BAY INC  
Box 372  
615 PINE KEY FLA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B-15101

1. TROPICAL BAY, Inc. (General nature of business)  
(Give exact name of corporation)

3. Box 372  
(Street or Post Office Box of principal place of business) (City) (County) (State)

4. a. Edward J. Havelka Pres. (Officers Name) (Title) (Address)  
b. R. A. Pecher Secy.  
c. S. Ripella V.P.  
d. H. Thomas Treas.  
e. E. Holgren A. Secy.

5. a. Edward J. Havelka  
(Directors - Name) (Law requires at least (3) three) (Address)

6. Edward J. Havelka  
(Resident Agent Name) (Address)

7. Last meeting of Directors March 14, 1967 (Month - Day - Year)  
8. Corporation Active? Yes (Yes or No) 9. If inactive, inactivity began \_\_\_\_\_ (Month - Day - Year)

10. If inactive, will corporation begin business in the future? Yes (Yes or No) 11. Date Incorporated \_\_\_\_\_ (Month - Day - Year) 12. Date Qualified in Fla. \_\_\_\_\_ (Month - Day - Year)

13. Total Authorized Capital Stock:

<u>900</u> (No. of shares with par value)	<u>\$ 9.00</u> (Par value each)
_____	\$ _____
_____ (No. of shares without par or nominal value)	_____ (Total actual value)

14. Outstanding Capital Stock: (issued)

(a) _____ (No. of shares with par value)	\$ _____ (Par value each)	\$ _____ (Total value)
(b) _____ (No. of shares with par value)	_____ (Par value each)	_____ (Total value)
(c) _____ (No. of shares without par or nominal value)	_____ (Total actual value)	_____ (Total actual value)
(d) Total (a) + (b) + (c)		\$ _____ (Total value)

15. Amount of tax Due \$ 20.00  
Less Credit \_\_\_\_\_  
16. Memo if any \$ \_\_\_\_\_  
17. Penalty and Interest (see instructions) \$ \_\_\_\_\_  
18. Amount of tax remitted with this return \$ 20.00

19. If foreign corporation, give amount of capital employed in Florida. \$ \_\_\_\_\_  
20. If foreign corporation, give the number of States in which you do business. \_\_\_\_\_

21. We, the undersigned, certify the above statement of facts to be true and correct as shown by our books.

Edward J. Havelka  
By President

Attest: \_\_\_\_\_  
Secretary

STATE OF Florida  
COUNTY OF Franklin

Personally appeared before me Edward J. Havelka who deposes and says that he executed this certificate for and in behalf of said corporation and that the statement herein contained is true and correct to the best of his knowledge and belief.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 1967

(Notary Seal)

Signature of Notary taking acknowledgment

FORM FRC-103 Send Original (with Remittance) TO FLORIDA REVENUE COMMISSION, TALLAHASSEE, FLORIDA  
Send First copy to Secretary of State, Tallahassee, Florida

(SEE INSTRUCTIONS ON BACK OF LAST COPY)

1st COPY

B-15101

1st Copy

# Corporation Report and Tax Return for Foreign and Domestic Corporations

## State of Florida Secretary of State

Tallahassee, Florida

Refer to This Number in All Correspondence

This return is due on July 1

1968

TROPICAL BAY INC  
BOX 372  
BIG PINE KEY FLA

FILED  
MAY 23 PM 2:50  
54-60-1-215101  
SELL COPY OF STATE 30/58  
TALLAHASSEE, FLORIDA

1. Tropical Bay, Inc. (Give exact name of corporation) 2. Real Estate Development (General nature of business)

3. Box 372, Big Pine Key, Monroe, Florida (Street or Post Office Box of principal place of business) (City) (County) (State)

4. a. Edward J. Havelka Pres. Box 372, Big Pine Key, Florida (Officers-Name) (Title) (Address)

b. Wm. J. Lebler V. Pres. Round Lake, Illinois

c. S. Anella V. Pres. Chicago, Illinois

d. R. A. Franzen Secy Arl. Hts., Illinois

e. W. A. Thomas Treas. Big Pine Key, Fla.

f. F. Holteren A. Secy Grayslake, Illinois

5. a. (Directors - Name) (Law requires at least (3) three) (Address)  
b. Same as above

6. Edward J. Havelka Box 372, Big Pine Key, Florida (Resident Agent Name) (Address)

7. Last meeting of Directors Mar. 17, 1968 (Month - Day - Year) 8. Corporation Active? Yes (Yes or No) 9. If inactive, inactivity began (Month - Day - Year)

10. If inactive, will corporation begin business in the future? (Yes or No) 11. Date Incorporated Aug. 30, 1961 (Month - Day - Year) 12. Date Qualified in Fla. (Month - Day - Year)

13. Total Authorized Capital Stock:

<u>200</u> shares with par value	\$ <u>10.00</u>	(Total value)
(No. of shares with par value)	(Par value each)	
	\$	
(No. of shares without par or nominal value)	(Par value each)	

14. Outstanding Capital Stock: (issued)

(a) <u>200</u> shares with par value	\$ <u>10.00</u>	\$ <u>8,000.00</u>	(Total value)
(b)			
(c)			
(d) Total (a) + (b) + (c)		\$ <u>8,000.00</u>	(Total value)

15. Amount of tax Doc. 20.00

16. Less Credit None

17. Penalty and Interest (see instructions) \$

18. Amount of tax remitted with this return \$ 20.00

19. If foreign corporation, give amount of capital employed in Florida. \$

20. If foreign corporation, give the number of States in which you do business.

21. We, the undersigned, certify the above statement of facts to be true and correct as shown by our books.

STATE OF Illinois  
COUNTY OF Cook

Attest: [Signature]  
Secretary

Personally appeared before me R. A. Franzen who deposes and says that he executed this certificate for and in behalf of said corporation and that the statement herein contained is true and correct to the best of his knowledge and belief.

Sworn to and subscribed before me this 17th day of April 1968.

(Notary Seal) Signature of Notary taking acknowledgment

# Corporation Report and Tax Return for Foreign and Domestic Corporations

1st Copy

State of Florida  
**Secretary of State**

Tallahassee, Florida  
RECEIVED

Refer to This Number  
in All Correspondence

This return is due  
on July 1

MAY 26 12 30 PM '69

34-10-4-21071  
05/30/69

1969

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B-15101

TROPICAL BAY INC  
375 372  
BIG PINE KEY, FLA

1. Tropical Bay, Inc. (General nature of business) 2. Beach Umbrella Sales  
(Give exact name of corporation)

3. P.O. Box 372 (Street or Post Office, Box of principal place of business) Big Pine Key (City) Florida (County) Florida (State)

4. a. Edward Havelka (Officers-Name) Treas. (Title) P.O. Box 372, Big Pine Key, Fla. (Address)  
b. William Zeigler Pres. P.O. Box 257, Round Lake, Fla.  
c. Sam Rincila Treas. 1 N. LaSalle St.  
d. Harry Thomas Treas. Big Pine Key, Fla.

5. a. Edward Havelka (Directors - Name) (Law requires at least (3) three) P.O. Box 372, Big Pine Key, Fla. (Address)  
b. William Zeigler  
c. Rolland Franzen  
d. \_\_\_\_\_

6. Edward Havelka (Resident Agent Name) P.O. Box 372, Big Pine Key, Fla. (Address)

7. Last meeting of Directors 3/7/69 (Month - Day - Year) 8. Corporation Active? Yes (Yes or No) 9. If inactive, inactivity began \_\_\_\_\_ (Month - Day - Year)

10. If inactive, will corporation begin business in the future? Yes (Yes or No) 11. Date incorporated 1/1/69 (Month - Day - Year) 12. Date Qualified in Fla. \_\_\_\_\_ (Month - Day - Year)

13. Total Authorized Capital Stock:

<u>800</u> (No. of shares with par value)	\$ <u>10,000</u> (Par value each)
_____	\$ _____
_____	\$ _____
_____	\$ _____

14. Outstanding Capital Stock: (issued)

(a) <u>800</u> (No. of shares with par value)	\$ <u>10,000</u> (Par value each)	\$ <u>6,000</u> (Total value)
(b) _____	_____	_____
(c) _____	_____	_____
(d) Total (a) + (b) + (c)	_____	\$ _____

15. Amount of tax Due \$ 201.77

16. Less Credit \_\_\_\_\_

17. Memo if any \_\_\_\_\_

17. Penalty and Interest (see instructions) \$ \_\_\_\_\_

18. Amount of tax remitted with this return \$ 201.77

19. If foreign corporation, give amount of capital employed in Florida. \$ \_\_\_\_\_

20. If foreign corporation, give the number of States in which you do business. \_\_\_\_\_

21. We, the undersigned, certify the above statement of facts to be true and correct as shown by our books.

By Edward Havelka President or V-President Attest: R. A. Franzen Secretary

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

Personally appeared before me \_\_\_\_\_ who deposes and says that he executed this certificate for and in behalf of said corporation and that the statement herein contained is true and correct to the best of his knowledge and belief.

Sworn to and subscribed before me this 21st day of May 1969

(Notary Seal) \_\_\_\_\_  
Signature of Notary taking acknowledgment

# Corporation Report and Tax Return for Foreign and Domestic Corporations

State of Florida  
DEPARTMENT OF REVENUE

Tallahassee, Florida  
RECEIVED

JUN 8 11 51 AM '70

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Refer to This Number  
in All Correspondence

This return is due  
on July 1

TROPICAL BAY INC  
BOX 372  
BIG PINE KEY FLA

54-00-R-215101  
08/30/58

1970

1. <u>Tropical Bay Inc.</u> <small>(Give exact name of corporation)</small>		2. <u>Real Estate Sales</u> <small>(General nature of business)</small>																			
3. <u>P.O. Box 372</u> <small>(Street or Post Office Box of principal place of business)</small>		<u>Big Pine Key</u> <small>(City)</small>																			
		<u>Florida</u> <small>(State)</small>																			
4. a. <u>Edward Havelka</u> <u>President</u> <small>(Officers-Name) (Title)</small>		<u>P.O. Box 372 Big Pine Key, Florida</u> <small>(Address)</small>																			
b. <u>William Zeigler</u> <u>Vice-President</u>		<u>P.O. Box 250 Round Lake, Illinois</u>																			
c. <u>Sam Rinella</u> <u>Vice-President</u>		<u>1 N. LaSalle St., Chicago, Illinois</u>																			
d. <u>Harry Thomas</u> <u>Treasurer</u>		<u>Big Pine Key, Florida</u>																			
5. a. <u>Harry Thomas</u> <small>(Directors-Name) (Law requires at least (3) three)</small>		<u>Big Pine Key, Florida</u> <small>(Address)</small>																			
b. <u>William Zeigler</u>		<u>P.O. Box 250 Round Lake, Illinois</u>																			
c. <u>Roland Franzen</u>		<u>215 E. Orchard, Arlington Hts., Illinois</u>																			
d.																					
6. <u>Edward Havelka</u> <small>(Resident Agent Name)</small>		<u>P.O. Box 372 Big Pine Key, Florida</u> <small>(Address)</small>																			
7. Last meeting of Directors <u>3 - 70</u> <small>(Month - Day - Year)</small>		8. Corporation Active? <u>Yes</u> <small>(Yes or No)</small>																			
9. If inactive, will corporation begin business in the future? <u>(Yes or No)</u>		9. If inactive, inactivity began <u>(Month - Day - Year)</u>																			
10. If inactive, will corporation begin business in the future? <u>(Yes or No)</u>		11. Date Incorporated <u>8-30-58</u> <small>(Month - Day - Year)</small>																			
		12. Date Qualified in Fla. <u>58</u> <small>(Month - Day - Year)</small>																			
13. Total Authorized Capital Stock:		14. Outstanding Capital Stock: (issued)																			
<table border="1"> <tr> <td><u>900</u> <small>(No. of shares with par value)</small></td> <td><u>\$ 10.00</u> <small>(Par value each)</small></td> </tr> <tr> <td><u>          </u></td> <td><u>          </u></td> </tr> <tr> <td><u>          </u> <small>(No. of shares without par or nominal value)</small></td> <td><u>          </u> <small>(Par value each)</small></td> </tr> </table>		<u>900</u> <small>(No. of shares with par value)</small>	<u>\$ 10.00</u> <small>(Par value each)</small>	<u>          </u>	<u>          </u>	<u>          </u> <small>(No. of shares without par or nominal value)</small>	<u>          </u> <small>(Par value each)</small>	<table border="1"> <tr> <td>(a) <u>800</u> <small>(No. of shares with par value)</small></td> <td><u>\$ 10.00</u> <small>(Par value each)</small></td> <td><u>\$ 8,000.00</u> <small>(Total value)</small></td> </tr> <tr> <td>(b) <u>          </u></td> <td><u>          </u></td> <td><u>          </u></td> </tr> <tr> <td>(c) <u>          </u> <small>(No. of shares without par or nominal value)</small></td> <td><u>          </u> <small>(Par value each)</small></td> <td><u>          </u> <small>(Total actual value)</small></td> </tr> <tr> <td colspan="2">(d) Total (a) + (b) + (c)</td> <td><u>\$ 8,000.00</u> <small>(Total value)</small></td> </tr> </table>		(a) <u>800</u> <small>(No. of shares with par value)</small>	<u>\$ 10.00</u> <small>(Par value each)</small>	<u>\$ 8,000.00</u> <small>(Total value)</small>	(b) <u>          </u>	<u>          </u>	<u>          </u>	(c) <u>          </u> <small>(No. of shares without par or nominal value)</small>	<u>          </u> <small>(Par value each)</small>	<u>          </u> <small>(Total actual value)</small>	(d) Total (a) + (b) + (c)		<u>\$ 8,000.00</u> <small>(Total value)</small>
<u>900</u> <small>(No. of shares with par value)</small>	<u>\$ 10.00</u> <small>(Par value each)</small>																				
<u>          </u>	<u>          </u>																				
<u>          </u> <small>(No. of shares without par or nominal value)</small>	<u>          </u> <small>(Par value each)</small>																				
(a) <u>800</u> <small>(No. of shares with par value)</small>	<u>\$ 10.00</u> <small>(Par value each)</small>	<u>\$ 8,000.00</u> <small>(Total value)</small>																			
(b) <u>          </u>	<u>          </u>	<u>          </u>																			
(c) <u>          </u> <small>(No. of shares without par or nominal value)</small>	<u>          </u> <small>(Par value each)</small>	<u>          </u> <small>(Total actual value)</small>																			
(d) Total (a) + (b) + (c)		<u>\$ 8,000.00</u> <small>(Total value)</small>																			
15. Amount of tax Due <u>\$ 20.00</u>		19. If foreign corporation, give amount of capital employed in Florida. <u>\$</u>																			
16. Less Credit Memo if any <u>\$</u>		20. If foreign corporation, give the number of States in which you do business. <u></u>																			
17. Penalty and Interest (see instructions) <u>\$</u>																					
18. Amount of tax remitted with this return <u>\$ 20.00</u>																					
21. We, the undersigned, certify the above statement of facts to be true and correct as shown by our books.																					

By President or V-President

Attest:

Secretary

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

Personally appeared before me \_\_\_\_\_  
who deposes and says that he executed this certificate for and in behalf of said corporation and that the statement herein contained is true and correct to the best of his knowledge and belief.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_.

(Notary Seal)

Signature of Notary taking acknowledgment

B-15/61

54-00-B-215101

08/30/58

THEOLOGICAL BAY INC  
BOX 372  
MIL. BAPT. KEY FLA

TS

101



MAJOR Third Class

# CORPORATE PRIVILEGE TAX RETURN FOR FOREIGN AND DOMESTIC CORPORATIONS

Taxable Period 7-1-71 through 12-31-71  
Delinquent if filed after 11-1-71

State of Florida  
DEPARTMENT OF REVENUE Refer to This Number  
Tallahassee, Florida in All Correspondence

N.R.  
10-28-71  
RB

TROPICAL BAY INC  
BOX 372  
BIG PINE KEY FLA

54-00-8-215101 1971  
08730756

DEC-10-71 06252 K 2 15101 - - CK -

5750

REMOVE PERFORATED EDGES FROM BOTH SIDES AND READ INSTRUCTIONS ON BACK OF PAGE 1 OF ORIGINAL

REMOVE PERFORATED EDGES FROM BOTH SIDES AND READ INSTRUCTIONS ON BACK OF PAGE 1 OF ORIGINAL

1. Tropical Bay, Inc.  
(Give exact name of corporation) 2

3. a. 215 Coconut Palm Rd., Boca Raton, Palm Beach Florida 33432  
(Street Address of Home Office) (City) (County) (State) (Zip)

b. \_\_\_\_\_  
(Mailing Address if other than Home Office)

4. a. Edward J. Havelka Pres. Franklin, North Carolina  
(Officers Names) (Title) (Street Address)

b. R. A. Franzen Secy. 215 Coconut Palm Rd., Boca Raton,

c. William Zeigler V.P. P. O. Box 250, Round Lake, Ill.

d. Harry Thomas Treas. Big Pine Key, Florida

5. a. Edward J. Havelka Franklin, North Carolina  
(Directors, Trustees or Managers) (Street Address)

b. R. A. Franzen 215 Coconut Palm Rd., Boca Raton,

c. W. J. Zeigler Box 250, Round Lake, Ill.

d. Harry Thomas Big Pine Key, Florida

6. Edward Havelka Box 372, Big Pine Key, Florida  
(Resident Agent Name) (Street Address)

7. Last meeting of Directors 3 71 8. Corporation Active? yes 9. inactivity began \_\_\_\_\_  
(Month - Day - Year) (Yes or No) (Month - Day - Year)

10. of Business R. E. 11. Date Incorporated 8-30-58 12. Date Qualified in Fla. \_\_\_\_\_  
(Month - Day - Year) (Month - Day - Year)

13. Capital Stock:

Class or Type	Par or Stated Value	Shares Authorized	Shares Issued	
			Number	Book Value
(a) <u>Common</u>	<u>\$10.00</u>	<u>900</u>	<u>800</u>	<u>\$ 8,000.00</u>
(b)				\$
(c)				\$
(d)				\$
(e) Total Book Value of Stock Issued				<u>\$ 8,000.00</u>

14. If you do not have capital stock, describe the general rules applicable to all members by which the property rights and interests of each are determined \_\_\_\_\_

15. Close of annual accounting period for this return 2-29-72 (See General Instructions)

16. I/We declare that all Florida documentary stamp taxes applicable to corporate stock transactions for the 12 month period ending June 30, 1971 have been paid as required under Chapter 201, Florida Statutes, and I/we further declare that this return is true and correct.

[Corporate Seal] Tropical Bay, Inc.  
(Corporation Name)

Attest: [Signature] By: Edward J. Havelka  
Secretary or Assistant Secretary President or Vice President

Send Original Copies (with Remittance) TO THE DEPARTMENT OF REVENUE, TALLAHASSEE, FLORIDA  
Send Department of State Copy to The Department of State, Tallahassee, Florida





# Corporation Report and Tax Return for Foreign and Domestic Corporations

State of Florida  
DEPARTMENT OF REVENUE  
Tallahassee, Florida

Refer to This Number  
in All Correspondence

This return is due  
on July 1

**TROPICAL BAY INC**  
**BOX 372**  
**BIG PINE KEY FLA**

**54-00-8-215101**  
**08/30/58**

**1970**

**JUN-18-70 741457 J# 2 151015 - CK -**

**20.00**

<p>1. <u>Tropical Bay Inc.</u> <small>(Give exact name of corporation)</small></p> <p>3. <u>P.O. Box 372</u> <u>Big Pine Key</u> <u>Florida</u> <small>(Street or Post Office Box of principal place of business) (City) (County) (State)</small></p> <p>4.a. <u>Edward Havelka</u> <u>President</u> <u>P.O. Box 372 Big Pine Key, Florida</u> <small>(Officers-Name) (Title) (Address)</small></p> <p>b. <u>William Zeigler</u> <u>Vice-President</u> <u>P.O. Box 250 Round Lake, Illinois</u></p> <p>c. <u>Sam Rinella</u> <u>Vice-President</u> <u>1 N. LaSalle St., Chicago, Illinois</u></p> <p>d. <u>Harry Thomas</u> <u>Treasurer</u> <u>Big Pine Key, Florida</u></p> <p>5.a. <u>Harry Thomas</u> <u>Big Pine Key, Florida</u> <small>(Directors - Name) (Law requires at least (3) three) (Address)</small></p> <p>b. <u>William Zeigler</u> <u>P.O. Box 250 Round Lake, Illinois</u></p> <p>c. <u>Rolland Franzen</u> <u>215 E. Orchard, Arlington Hts, Illinois</u></p> <p>d. _____</p>	<p>(General nature of business) 2. <u>Real Estate Sales</u></p>
--	---

6. Edward Havelka P.O. Box 372 Big Pine Key, Florida  
(Resident Agent Name) (Address)

7. Last meeting of Directors 3 - 70 8. Corporation Active? Yes If inactive, 9. inactivity began \_\_\_\_\_  
(Month - Day - Year) (Yes or No) (Month - Day - Year)

10. If inactive, will corporation begin business in the future? Yes 11. Date Incorporated 8-30-58 12. Date Qualified in Fla. 58  
(Yes or No) (Month - Day - Year) (Month - Day - Year)

13. Total Authorized Capital Stock:

<u>900</u> <small>(No. of shares with par value)</small>	<u>\$ 10.00</u> <small>(Par value each)</small>	
_____	_____	_____
_____	_____	_____
_____	_____	_____

14. Outstanding Capital Stock: (issued)

(a) <u>800</u> <small>(No. of shares with par value)</small>	<u>\$ 10.00</u> <small>(Par value each)</small>	<u>\$ 8,000.00</u> <small>(Total value)</small>
(b) _____	_____	_____
(c) _____	_____	_____
(d) Total (a) + (b) + (c)	<u>\$</u>	<u>8,000.00</u> <small>(Total value)</small>

15. Amount of tax Due \$ 20.00

16. Less Credit \_\_\_\_\_

17. Memo if any \_\_\_\_\_

17. Penalty and Interest (see instructions) \$ \_\_\_\_\_

18. Amount of tax remitted with this return \$ 20.00

19. If foreign corporation, give amount of capital employed in Florida. \$ \_\_\_\_\_

20. If foreign corporation, give the number of States in which you do business. \_\_\_\_\_

21. We, the undersigned, certify the above statement of facts to be true and correct as shown by our books.

By President or V-President  
STATE OF Florida  
COUNTY OF Franklin

Attest: [Signature]  
Secretary

Personally appeared before me \_\_\_\_\_  
who deposes and says that he executed this certificate for and in behalf of said corporation and that the statement herein contained is true and correct to the best of his knowledge and belief.

Sworn to and subscribed before me this 11<sup>th</sup> day of May 1970  
[Signature]  
Signature of Notary taking acknowledgment

# Corporation Report and Tax Return for Foreign and Domestic Corporations

State of Florida  
FLORIDA REVENUE COMMISSION  
Tallahassee, Florida

Refer to This Number  
in All Correspondence

This return is due  
on July 1

TROPICAL BAY INC.  
BOX 372  
BIG PINE KEY FLA

54-00-8-215101

1969

08/30/58

JUN-25-69 502882

J# 2 151015 - CH -

20.00

*Handwritten:* 5-2669 010

1. <u>Tropical Bay, Inc.</u> <small>(Give exact name of corporation)</small>		2. <u>Real Estate Sales</u> <small>(General nature of business)</small>	
3. <u>P.O. Box 372</u> <small>(Street or Post Office Box of principal place of business)</small>	<u>Big Pine Key</u> <small>(City)</small>	<u>Florida</u> <small>(County)</small>	<u>Florida</u> <small>(State)</small>
4. a. <u>Edward Havelka</u> <small>(Officers-Name)</small>	<u>Pres.</u> <small>(Title)</small>	<u>P.O. Box 350, Big Pine Key, Fla.</u> <small>(Address)</small>	
b. <u>William Zeigler</u>	<u>V-Pres.</u>	<u>P.O. Box 250, Round Lake, Ill.</u>	
c. <u>Sam Rinella</u>	<u>V-Pres.</u>	<u>1 N. LaSalle St., Ill.</u>	
d. <u>Harry Thomas</u>	<u>Treas.</u>	<u>Big Pine Key, Fla.</u>	
5. a. <u>Edward Havelka</u> <small>(Directors - Name) (Law requires at least (3) three)</small>		<u>P.O. Box 350, Big Pine Key, Fla.</u> <small>(Address)</small>	
b. <u>William Zeigler</u>		<u>P.O. Box 250, Round Lake, Ill.</u>	
c. <u>Rolland Franzen</u>		<u>215 E. Orchard, Arl. Hts., Ill.</u>	
d. _____		_____	

6. Edward Havelka  
(Resident Agent Name) P.O. Box 350, Big Pine Key, Fla.  
(Address)

7. Last meeting of Directors 3/ /69  
(Month - Day - Year) 8. Corporation Active? Yes (Yes or No) 9. If inactive, inactivity began -  
(Month - Day - Year)

10. If inactive, will corporation begin business in the future? -  
(Yes or No) 11. Date Incorporated 8/30/58  
(Month - Day - Year) 12. Date Qualified in Fla. -  
(Month - Day - Year)

13. Total Authorized Capital Stock:

<u>900</u> <small>(No. of shares with par value)</small>	<u>\$ 10.00</u> <small>(Per value mark)</small>
_____	_____
_____	_____
_____	_____

14. Outstanding Capital Stock: (issued)

(a) <u>800</u> <small>(No. of shares with par value)</small>	\$ <u>10.00</u> <small>(Per value mark)</small>	\$ <u>8,000.00</u> <small>(Total value)</small>
(b) _____	_____	_____
(c) _____	_____	_____
(d) Total (a) + (b) + (c)	\$ _____	\$ <u>8,000.00</u> <small>(Total value)</small>

15. Amount of tax Due \$ 20.00

16. Less Credit \_\_\_\_\_

17. Memo if any \$ \_\_\_\_\_

18. Penalty and Interest (see instructions) \$ \_\_\_\_\_

19. Amount of tax remitted with this return \$ 20.00

20. We, the undersigned, certify the above statement of facts to be true and correct as shown by our books.

Edward Havelka  
By President or V-President

Attest: R. A. Franzen  
Secretary

STATE OF Florida  
COUNTY OF Collier

Personally appeared before me R. A. Franzen  
who deposes and says that he executed this certificate for and in behalf of said corporation and that the statement herein contained is true and correct to the best of his knowledge and belief.

Sworn to and subscribed before me this 21st day of May 1969.

(Notary Seal) \_\_\_\_\_  
Signature of Notary taking acknowledgment

# Corporation Report and Tax Return for Foreign and Domestic Corporations

State of Florida  
FLORIDA REVENUE COMMISSION

Tallahassee, Florida

Refer to This Number  
in All Correspondence

This return is due  
on July 1

**TROPICAL BAY INC.**  
BOX 372  
BIG PINE KEY FLA.

54-00-8-215101  
08/30/58

1968

APR-25-69 422417 J# 2 151018 -- OK --

20.00

1. <u>Tropical Bay, Inc.</u> <small>(Give exact name of corporation)</small>		2. <u>Real Estate Development</u> <small>(General nature of business)</small>																					
3. <u>Box 372, Big Pine Key, Monroe, Florida</u> <small>(Street or Post Office Box of principal place of business) (City) (County) (State)</small>																							
4. a. <u>Edward J. Havelka</u> <u>Pres.</u> <u>Box 372, Big Pine Key, Florida</u> <small>(Officers-Name) (Title) (Address)</small>																							
b. <u>Wm. J. Zeigler</u> <u>V. Pres.</u> <u>Round Lake, Illinois</u>																							
c. <u>S. Rinella</u> <u>V. Pres.</u> <u>Chicago, Illinois</u>																							
d. <u>R. A. Franzen</u> <u>Secy</u> <u>Arl. Hts., Illinois</u>																							
e. <u>H. A. Thomas</u> <u>Treas.</u> <u>Big Pine Key, Fla.</u>																							
f. <u>F. Holtgren</u> <u>A. Secy</u> <u>Grayslake, Illinois</u>																							
5. a. _____ <small>(Directors - Name) (Law requires at least (3) three)</small>		_____ <small>(Address)</small>																					
b. <u>Same as above</u>																							
c. _____																							
d. _____																							
6. <u>Edward J. Havelka</u> <u>Box 372, Big Pine Key, Florida</u> <small>(Resident Agent Name) (Address)</small>																							
7. Last meeting of Directors <u>Mar. 12, 1968</u> <small>(Month - Day - Year)</small>		8. Corporation Active? <u>Yes</u> <small>(Yes or No)</small>																					
		9. If inactive, inactivity began _____ <small>(Month - Day - Year)</small>																					
10. If inactive, will corporation begin business in the future? <u>Yes</u> <small>(Yes or No)</small>		11. Date Incorporated <u>Aug. 30, '51</u> <small>(Month - Day - Year)</small>																					
		12. Date Qualified in Fla. _____ <small>(Month - Day - Year)</small>																					
13. Total Authorized Capital Stock:		14. Outstanding Capital Stock: (issued)																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><u>800</u> <u>900</u> <small>(No. of shares with par value)</small></td> <td style="width: 50%;"><u>\$ 10.00</u> <small>(Per value stock)</small></td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>		<u>800</u> <u>900</u> <small>(No. of shares with par value)</small>	<u>\$ 10.00</u> <small>(Per value stock)</small>	_____	_____	_____	_____	_____	_____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><u>(a)</u> <u>800</u> <small>(No. of shares with par value)</small></td> <td style="width: 33%;"><u>\$ 10.00</u> <small>(Per value stock)</small></td> <td style="width: 33%;"><u>\$ 8,000.00</u> <small>(Total value)</small></td> </tr> <tr> <td><u>(b)</u> _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><u>(c)</u> _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td colspan="2"><u>(d) Total (a) + (b) + (c)</u></td> <td><u>\$ 8,000.00</u> <small>(Total value)</small></td> </tr> </table>		<u>(a)</u> <u>800</u> <small>(No. of shares with par value)</small>	<u>\$ 10.00</u> <small>(Per value stock)</small>	<u>\$ 8,000.00</u> <small>(Total value)</small>	<u>(b)</u> _____	_____	_____	<u>(c)</u> _____	_____	_____	<u>(d) Total (a) + (b) + (c)</u>		<u>\$ 8,000.00</u> <small>(Total value)</small>
<u>800</u> <u>900</u> <small>(No. of shares with par value)</small>	<u>\$ 10.00</u> <small>(Per value stock)</small>																						
_____	_____																						
_____	_____																						
_____	_____																						
<u>(a)</u> <u>800</u> <small>(No. of shares with par value)</small>	<u>\$ 10.00</u> <small>(Per value stock)</small>	<u>\$ 8,000.00</u> <small>(Total value)</small>																					
<u>(b)</u> _____	_____	_____																					
<u>(c)</u> _____	_____	_____																					
<u>(d) Total (a) + (b) + (c)</u>		<u>\$ 8,000.00</u> <small>(Total value)</small>																					
15. <u>20.00</u> <small>Due</small>																							
16. Less Credit _____																							
17. Memo if any \$ _____																							
18. Amount of tax remitted with this return \$ <u>20.00</u>																							
19. If foreign corporation, give amount of capital employed in Florida. \$ _____																							
20. If foreign corporation, give the number of States in which you do business. _____																							

21. We, the undersigned, certify the above statement of facts to be true and correct as shown by our books.

Edward J. Havelka  
By Edward J. Havelka President or V-President

Attest: \_\_\_\_\_  
Secretary

STATE OF Illinois  
COUNTY OF Cook

Personally appeared before me R. A. Franzen  
who deposes and says that he executed this certificate for and in behalf of said corporation and that the statement herein contained is true and correct to the best of his knowledge and belief.

Sworn to and subscribed before me this 17th day of April 1968.

(Notary Seal) \_\_\_\_\_  
Signature of Notary taking acknowledgment

Send Original (with Remittance) TO FLORIDA REVENUE COMMISSION, TALLAHASSEE, FLORIDA  
Send First copy to Secretary of State, Tallahassee, Florida

(SEE INSTRUCTIONS ON BACK OF LAST COPY)

ORIGINAL

Pd.

Monroe

Charter No. B-2 15101

Summerland Key 8-30-58

Name TROPICAL BAY, INC.

Address ~~1000 South Beach Blvd, Miami Beach, Fla 33139~~ Consolidated Bldg  
~~1000 South Beach Blvd, Miami Beach, Fla 33139~~  
102X SOUTH BEACH SEC 66 R6664X  
Box 372, Big Pine Key, FLA

517 00

Date	Amount	Years	Date	Amount	Years
6-25-59	8.33	1959			
6-21-60	10.00	1960			
6-20-62	10.00	1962			
7-1-63	10.00	1963			
300 shares @ \$10.00					

R. A. Fronzen - Arlington Hts, Illinois (102 S. State Rd.)

Years

Amount

Date

Years

Amount

Date

Arthur R. Frisvold

RICHARD (DICK) STONE  
**Secretary of State**  
 THE CAPITOL  
 TALLAHASSEE, FLA.  
 32304

STATE OF FLORIDA  
 DEPARTMENT OF STATE  
**PRIVILEGE TAX RETURN**  
 FOR CORPORATIONS & OTHER ENTITIES

BLK. RT.  
 U.S. POSTAGE  
 PAID  
 TALLAHASSEE, FLA.  
 PERMIT #88

ADDRESS CORRECTION REQUESTED  
**37 0506**

MAR 21-72-02 03500 \*\*\*\*\*5.00

DATE DUE: JAN. 1, 1972

DATE DELINQUENT: MAR. 1, 1972

PLEASE TYPE

215101-54-00 08/30/58  
 TROPICAL BAY INC  
 BOX 372  
 BIG PINE KEY FLA

Change Mailing Address to: 215 Coconut Palm Rd.  
Boca Raton, Florida Zip 33432

(Exact Corporate Name)

Fed. Emp. I.D. No.

1. Tropical Bay, Inc. 2.

(Street Address of Principal Office in Fla.)

(City)

(County)

(State)

(Zip)

3. 215 Coconut Palm Rd. Boca Raton. Palm Beach Fla. 33432

(Officers Names)

(Title)

(Street Address)

(City)

4.(a) Edward J. Havelka Pres. Rte. # 1 Box 57 Franklin, North Carol.

(b) William J. Zeigler V. P. P. O. Box 250 Round Lake, Ill.

(c) Sam Rinella V. P. 1 N. LaSalle St., Chicago, Ill.

(d) R. A. Franzen Sacy. 215 Coconut Palm Rd., Boca Raton, Fla.

(Directors, Trustees, Managers)

(Street Address)

(City)

5.(a) Same as above, also

(b) Harry A. Thomas

(c)

(d)

(Banking Agent Name)

(Street Address)

(City)

6. R. A. Franzen 215 Coconut Palm Rd., Boca Raton, Fla.

7. General Nature of Business R. E. 8. Date Formed or Incorporated 8 / 30 / 58 9. If Foreign Corporation, Date Qualified in Florida  / /

10. Capital Stock (or number and book value of all certificates of interest or participation):

Class or Type	Par or Stated Value	Shares Authorized	Number	Book Value
(a) <u>Common</u>	<u>\$10.00</u>	<u>900</u>	<u>800</u>	<u>\$ 8,000.00</u>
(b)				<u>79,302.</u>
(c)				
(d)				
(e) Total Book Value of Stock (Certificates) Issued				<u>\$ 79,302.</u>

11. If you do not have Capital Stock, describe the general rules applicable to all members by which the property rights and interests of each are determined

12. Close of annual accounting period for this return 2 / 28 / 71.

13. I/We declare that all Florida documentary stamp taxes applicable to corporate stock (or certificates of interest or participation) transactions for the 12 month period ending Dec. 31 have been paid as required under Chapter 201, Florida Statutes, and I/We further declare that this return is true and correct.

(Corporate Seal)

(Corporate Name)

Attest:

By:

Tropical Bay, Inc.  
 Return Original (with Tax Payment) to DEPARTMENT OF STATE  
 THE CAPITOL  
 TALLAHASSEE, FLORIDA 32304

READ INSTRUCTIONS ON BACK

READ INSTRUCTIONS ON BACK

PRIVILEGE TAX \$2.00  
 PROFIT ENTITIES \$5.00  
 NON-PROFIT ENTITIES \$2.00

PRIVILEGE TAX \$2.00  
 PROFIT ENTITIES \$5.00  
 NON-PROFIT ENTITIES \$2.00

RICHARD (DICK) STONE  
 SECRETARY OF STATE  
 The Capitol  
 Tallahassee, Florida 32304

State of Florida  
 Department of State  
**ANNUAL REPORT**  
 for Corporations and Other Entities

BLK. RT.  
 U.S. POSTAGE  
 PAID  
 MIAMI, FLA.  
 PERMIT NO. 616

ADDRESS CORRECTION  
 REQUESTED

DATE DUE: JAN. 1, 1973  
 DATE DELINQUENT: MAR. 1, 1973

Please refer to this number for future correspondence  
 regarding this corporation

215101-54-00 08/30/58  
 TROPICAL BAY INC  
 215 COCONUT PALM RD  
 BOCA RATON FLA 33432

10 0758 JAN 19-73 1 030\*\*\*\*\*5.00

PLEASE TYPE

**CHANGE MAILING ADDRESS TO:**

1. Tropical Bay, Inc. (Exact Corporate Name) 2. none (Fed. Emp. I.D. No.)  
 3. 215 Coconut Palm Rd., Boca Raton (Street Address of Principal Office in Fla.) Palm Beach (City) Florida (State) 33432 (Zip)

(Officers Names)	(Title)	(Street Address)	(City)	(State)
(a) Edward J. Havelka	Pres.	Rte. 1 Box 57	Franklin, N. C.	
(b) W. W. Richardson	V. P.	619 N. 16th St.	Melrose Park, Illinois	
(c) R. A. Franzen	Secy.	215 Coconut Palm Rd.	Boca Raton, Fla.	
(d)				

(Directors, Trustees, Managers)	(Street Address)	(City)	(State)
(a) Same as above			
(b)			
(c)			
(d)			

(Florida Resident Agent Name) R. A. Franzen (Florida Street Address) 215 Coconut Palm Rd. (City) Boca Raton (Zip) 33432

7. General Nature of Business 4531 See page 2  
 B. Date Formed or Incorporated 8/30/58 MO DA YR  
 9. If Foreign Corporation, Date Qualified in Florida / / MO DA YR

10. Capital Stock (or number and book value of all certificates of interest or participation):

Class or Type	Par or Stated Value	Shares Authorized	Number	Book Value
(a) Common	<u>219.00</u>	<u>900</u>	<u>800</u>	<u>\$ 8,000.00</u>
(b)				
(c)				

11. If you do not have Capital Stock, describe the general rules applicable to all members by which the property rights and interests of each are determined

12. Fiscal close of accounting period 1/28 MO DA

13. I/WE declare that all Florida documentary stamp taxes applicable to corporate stock (or certificates of interest or participation) transactions for the 12 month period ending Dec. 31, 1972 have been paid as required under Chapter 201, Florida Statutes, and I/WE further declare that this report is true and correct.

(Corporate Seal) Tropical Bay, Inc. (Corporate Name)  
 Attest: [Signature] By: Edward Havelka  
 Secretary or Assistant Secretary President or Vice President

Return Original (with Filing Fee) to DEPARTMENT OF STATE  
 DRAWER 18  
 THE CAPITOL  
 TALLAHASSEE, FLORIDA 32304

READ INSTRUCTIONS ON BACK  
 FILING FEE PER NON-PROFIT ENTITY \$5.00  
 PER PROFIT ENTITY \$2.00

VALIDATION AREA - DO NOT WRITE IN THIS SPACE  
 JUN 29-74 1 633\*\*\*\*\*5.00  
**101934**

**ANNUAL REPORT  
 FOR CORPORATIONS AND  
 OTHER ENTITIES**

SECRETARY OF STATE:  
**RICHARD (DUCK) STONE**  
 P.O. BOX 8327  
 TALLAHASSEE, FLA. 32301

DELINQUENT JULY 1, 1974  
 CORP-ART74  
 PAGE 1

PLEASE READ INSTRUCTIONS ON PAGE 2  
 FILING FEES \$5.00 PROFIT ENTITY \$2.00 NON PROFIT

**CORRECTIONS AND ADDITIONAL INFORMATION-PLEASE TYPE**

(4B) FED. EMPLOYER I.D. NO. (5B) SIC (SEE PAGE 4)

(6B) RESIDENT AGENT CHANGE

(7B) OFFICERS/DIRECTORS

NAME	STREET ADDRESS	TITLE
HAVELKA EDWARD J		
NICHARUSON W N		
FRAN ENOK A		
HAVELKA EDWARD J		
RICHARUSON W N		
FRAN ENOK A		

(8B) FISCAL CLOSE OF ACCOUNTING PERIOD (MONTH)

(9A) ADDRESS CHANGE AREA

(9B) STREET

(10B) CAP. AT STOCK FOR NUMBER 1 BOOK VALUE OF ALL CERTIFICATES OF INTEREST OR PARTICIPATION

(11) PAR. NO. PAR. OR STATED VALUE

(12) SHARES AUTHORIZED

(13) NUMBER BOOK VALUE

(14) IF YOU DO NOT HAVE CAPITAL STOCK, DESCRIBE THE GENERAL RULES APPLICABLE TO ALL MEMBERS BY WHICH THE PROPERTY RIGHTS AND INTERESTS OF EACH ARE DETERMINED

(15) RESIDENT AGENT SIGNATURE

(16) IF DIFFERENT FROM NO. 8 (ABOVE)

(1) CHARTER NUMBER: 213101  
 DATE INC. OR IF FOREIGN QUALIFIED IN FLA.: 06/30/1970

(3) TROPICAL BAY INC  
 EXACT NAME

(4) FED EMP I.D. NO: 77-9777777  
 (5) SIC: 6511 (SEE PAGE 4)

(6) RESIDENT AGENT: FRANK ENOK A  
 215 COCONUT PALM RD  
 BUCA RATON, FL 33432

(7) OFFICERS/DIRECTORS NAMES: HAVELKA EDWARD J, NICHARUSON W N, FRAN ENOK A, HAVELKA EDWARD J, RICHARUSON W N, FRAN ENOK A  
 CITY / STATE: FRANKLIN, NC; MELROSE PARK, IL; BUCA RATON, FL; FRANKLIN, NC; MELROSE PARK, IL; BUCA RATON, FL

(8) FISCAL CLOSE OF ACCOUNTING PERIOD: 02  
 TROPICAL BAY INC  
 215 COCONUT PALM RD  
 BUCA RATON FLA 33432

(9) AUTH. STK: 1000  
 PAR VALUE: \$9.00

(10) PRIMARY STOCK

(11) TITLE: Secretary

(12) AUTHORIZED SIGNATURE: [Signature]

(13) TEL NO: 391-6399

I DECLARE THAT ALL FLORIDA DOCUMENTARY STAMP TAXES APPLICABLE TO CORPORATE STOCK (OR CERTIFICATES OF INTEREST OR PARTICIPATION) TRANSACTIONS DURING THE PREVIOUS YEAR HAVE BEEN PAID AS REQUIRED BY CHAPTER 201, FLORIDA STATUTES. I FURTHER DECLARE THAT I AM THE AUTHORIZED PERSON TO SIGN THE REPORT FOR THIS ENTITY AND THAT IT IS TRUE AND CORRECT.



# CORPORATION ANNUAL REPORT

WIG 15-75 1      217\*\*\*\*\*5.00

DUE—JAN. 1      DELINQUENT—JULY 1      VALIDATION AREA - DO NOT WRITE IN THIS SPACE

ANNUAL FILING FEES  
\$5 20—PROFIT CORP.  
\$7 20—NON-PROFIT CORP.

REMIT THIS FORM  
1 FILING FEE TO:

SECRETARY OF STATE  
THE CAPITOL  
TALLAHASSEE, FLORIDA  
32304

① **215101** ② **2**  
CHARTER NUMBER

③ **08/30/1958**  
DATE INC. OR IF FOREIGN  
DATE QUALIFIED IN FLA.

④ SICC SEE ENVELOPE BACK **6531**  
⑤ CHANGE TO: \_\_\_\_\_

⑥ **1974** YEAR OF LAST REPORT FILED IN THIS OFFICE

⑦ **1975** YEAR(S) THIS REPORT COVERS

⑧ FED. EMPLOYER ID. NO. \_\_\_\_\_  
⑨ CHANGE TO: \_\_\_\_\_

⑩ FISCAL CLOSE OF ACCOUNTING PERIOD (MO) **02**  
⑪ CHANGE TO: \_\_\_\_\_

⑫ **TROPICAL BAY INC**  
EXACT NAME

IF RESIDENT AGENT AND/OR ADDRESS IS DIFFERENT, WRITE THIS OFFICE AT THE ABOVE ADDRESS FOR PROPER FORMS.

RESIDENT AGENT AND STREET ADDRESS  
**FRANZEN, R A**  
**215 COCONUT PALM RD**  
**BOCA RATON, FL 33432**

DO NOT WRITE IN THIS SPACE      FOR DIVISION USE ONLY

*8/19*

TALLAHASSEE, FLORIDA

**PLEASE READ INSTRUCTIONS ON BACK**

NOTICE: IN THE FUTURE, ALL MAIL WILL BE ADDRESSED TO THE PHYSICAL STREET ADDRESS OF CORPORATION. TO COMPLY WITH THIS REQUIREMENT, PLEASE CHANGE THE MAILING ADDRESS TO REFLECT THE PHYSICAL STREET ADDRESS OF THE PRINCIPAL PLACE OF BUSINESS IF NOT ALREADY STATED.

⑬ **215101**  
**TROPICAL BAY INC**  
**215 COCONUT PALM RD**  
ADDRESS  
**BOCA RATON FLA 33432**

⑭ CHANGE TO: \_\_\_\_\_  
⑮ P.O. BOX \_\_\_\_\_

OFFICERS/DIRECTORS NAMES	STREET ADDRESS	CITY / STATE	TITLE(S)
<del>XXXXXXXXXXXXXXXXXX</del>		<del>FRANZEN, R A XXX</del>	PRES DIR
<del>XXXXXXXXXXXXXXXXXX</del>		<del>XXXXXXXXXXXXXXXXXX</del>	V.P. DIR
FRANZEN, R A		BOCA RATON, FL	SEC DIR
Bradley A. Franzen		Boca Raton, Fla.	Pres Dir
Dirk G. Franzen		Boca Raton, Fla.	V. P. Dir.

⑯ CAPITAL STOCK

**1,000 SHARES @ \$ 9.00**

CLASS OF STOCK NUMBER & BOOK VALUE OF ALL CERTIFICATES OF INTEREST OR PARTICIPATION

CLASS OR TYPE	PAR NO	PAR. OR STATED VALUE	SHARES AUTHORIZED	NUMBER BOOK VALUE
				\$

⑰ IF YOU DO NOT HAVE CAPITAL STOCK, DESCRIBE THE GENERAL RULES APPLICABLE TO ALL MEMBERS BY WHICH THE PROPERTY RIGHTS AND INTERESTS OF EACH ARE DETERMINED

I DECLARE THAT ALL FLORIDA DOCUMENTARY STAMP TAXES APPLICABLE TO CORPORATE STOCK (OR CERTIFICATES OF INTEREST OR PARTICIPATION) TRANSACTIONS DURING THE PREVIOUS YEAR HAVE BEEN PAID AS REQUIRED BY CHAPTER 201, FLORIDA STATUTES. I FURTHER DECLARE THAT I AM THE QUALIFIED PERSON TO SIGN THE REPORT FOR THIS ENTITY AND THAT IT IS TRUE AND CORRECT.

AUTHORIZED SIGNATURE *[Signature]*

TITLE *Secretary*      TEL. NO. **205-391-6399**

DATE **7/30/75**

CORP. ARTS

# CORPORATION ANNUAL REPORT

MAY 26-75 1

607 \* 1 \* 1 \* 1 \* C \* DC

ANNUAL FILING FEES

\$5 00—PROFIT CORP.  
\$5 00—NON-PROFIT CORP.

DUE—JAN. 1

DELINQUENT—JULY 1

VALIDATION AREA - DO NOT WRITE IN THIS SPACE

REPAY THIS FORM  
& FILING FEE TO:

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
THE CAPITOL  
TALLAHASSEE, FLORIDA  
32304

① 215101 ②  
CHARTER NUMBER

② 08/30/1958  
DATE INC. OR IF FOREIGN  
DATE QUALIFIED IN FLA.

③ SICC SEE ENVELOPE BACK 6231

④ 1975 YEAR OF LAST REPORT  
FILED IN THIS OFFICE

④ FED. EMPLOYER ID. NO.

④ CHANGE TO:

④ CHANGE TO:

④ 1976 YEAR(S) THIS REPORT  
COVERS

⑤ TROPICAL BAY INC

EXACT  
NAME

PLEASE READ INSTRUCTIONS ON BACK

⑥ STREET ADDRESS OF PRINCIPAL OFFICE. POST OFFICE BOX ALONE WILL NOT BE ACCEPTABLE

⑥ 215101  
TROPICAL BAY INC  
215 COCONUT PALM RD  
BOCA RATON FLA 33432

⑥a STREET ADDRESS CHANGE

⑦ FRANZEN R A  
215 COCONUT PALM RD

REGISTERED  
AGENT  
AND  
STREET  
ADDRESS

33432

⑦a REGISTERED AGENT NAME CHANGE  
AND/OR ADDRESS CHANGE  
INCLUDE REGISTERED OFFICE ADDRESS

⑧ TYPE CORRECTIONS IN SPACE PROVIDED BELOW. STRIKE THROUGH INCORRECT ENTRIES. CORRECTIONS MUST BE LEGIBLE.

TITLES MUST  
BE SHOWN

⑧ NAMES OF ALL OFFICERS AND DIRECTORS	STREET ADDRESS	CITY / STATE	TITLES MUST BE SHOWN
FRANZEN, K. A.	215 COCONUT PALM RD	BOCA RATON, FL	PRES DIR
FRANZEN, DIKE G.	215 COCONUT PALM RD	BOCA RATON, FL	V.P. DIR
FRANZEN, P. A.	215 COCONUT PALM RD	BOCA RATON, FL	SEC DIR

DO NOT WRITE IN THIS SPACE

FOR DIVISION USE ONLY

I CERTIFY THAT I AM AN OFFICER OF THIS CORPORATION EMPOWERED TO EXECUTE THIS REPORT AS REQUIRED BY CHAPTER 807, FLORIDA STATUTES. I FURTHER CERTIFY THAT I UNDERSTAND MY SIGNATURE ON THIS REPORT SHALL HAVE THE SAME LEGAL EFFECT AS IF MADE UNDER OATH

SIGNATURE

TITLE

DATE 4/28/76

TEL. NO. 305-391-6399  
-6399

CORP-ART5

SEE IMPORTANT DISSOLUTION NOTICE ON OTHER SIDE



STATE OF FLORIDA  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
**CORPORATION ANNUAL REPORT**  
**1977**

Bruce A. Smathers  
Secretary of State  
Form COR 620

THIS REPORT MUST BE ACCOMPANIED BY A \$5 FEE  
FLORIDA DEPT. OF STATE  
CORPORATIONS DIVISION  
TALLAHASSEE, FLORIDA

FEB 28 6 15 PM 1977

▶ READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES ◀

1. Name and Address of Corporation Principal Office:

215101 TROPICAL BAY INC  
215 COCONUT PALM RD  
BOCA RATON FLA 33432

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient.

Street Address

P.O. Box No.

City

State

Zip Code

3. Date Incorporated or Qualified To Do Business in Florida

08/30/1958

4. Federal Employer Identification Number (FEIN)

N/A

5. Date of Last Report

1976

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Director (x)	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
FRANZEN, R. A.	PRES	DIR	1191 SW 15TH ST. <del>215 COCONUT PALM RD</del>	BOCA RATON, FL
FRANZEN, DIRK G.	V.P.	DIR	215 COCONUT PALM RD	BOCA RATON, FL
FRANZEN, R A	SECR	DIR	215 COCONUT PALM RD	BOCA RATON, FL

7. Registered Agent Information

If you wish to change Registered Agent on this form, enter all new information here ▶

Name

FRANZEN, R A

City, State and Zip Code

BOCA RATON, FL 33432

Street Address (Do NOT Use P.O. Box Number)

215 COCONUT PALM RD

Name

City, State and Zip Code

Street Address (Do NOT Use P.O. Box Number)

8. An officer of the Corporation must sign this report. This report must be signed by one of the following: The President, Vice President, Secretary, Assistant Secretary or Treasurer or if the Corporation is in the hands of a receiver or trustee, shall be executed on behalf of the Corporation by the receiver or trustee.

No Other Titles Will Be Accepted. Your Report Will Be Returned If It Does NOT Bear An Authorized Signature.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As If Made Under Oath.

Typed Name of Signing Officer

R A FRANZEN

Title

Secretary

Telephone Number

305-391-6399

Signature

Date

1/10-77

THIS REPORT MUST BE ACCOMPANIED BY THE \$5 FEE

THE FILING FEE FOR THE 1978 ANNUAL REPORT IS \$10.

STATE OF FLORIDA  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS



CORPORATION ANNUAL REPORT  
1978

Bruce A. Smithers  
Secretary of State

THIS REPORT MUST BE ACCOMPANIED BY A \$10 FEE (Form COR 620) 12-1-77

NO DUPLICATIONS  
FALLASSEE DIVISION  
CORPORATIONS DIVISION

▶ READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES ◀

1. Name and Address of Corporation Principal Office:  215101 TROPICAL BAY INC 215 COCONUT PALM RD BOCA RATON FLA 33432  If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.	2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient.	
	Street Address	
	P.O. Box No.	
	City	
	State	Zip Code

3. Date Incorporated or Qualified To Do Business in Florida	08/30/1958	4. Federal Employer Identification Number (FEIN)	5. Date of Last Report	1977
---	------------	--	------------------------	------

6. Names and Street Addresses of Each Officer and Director				
Names of Officers and Directors	Title	Director (x)	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
FRANZEN, B. A.	DIR		1191 S.W. 15TH ST.	BOCA RATON, FL
FRANZEN, DIRK G.	V.P.		215 COCONUT PALM RD	BOCA RATON, FL
FRANZEN, R A	DIR	✓	215 COCONUT PALM RD	BOCA RATON, FL

7. Registered Agent Information:  If you wish to change Registered Agent on this form, enter all new information here ▶	Name: FRANZEN, R A		Street Address (Do NOT Use P.O. Box Number): 215 COCONUT PALM RD		
	City, State and Zip Code: BOCA RATON, FL 33432				
	Name:		Street Address (Do NOT Use P.O. Box Number):		
	City, State and Zip Code:				

8. An officer of the Corporation must sign this report. This report must be signed by one of the following: The President, Vice President, Secretary, Assistant Secretary or Treasurer or if the Corporation is in the hands of a receiver or trustee, shall be executed on behalf of the Corporation by the receiver or trustee.  
 No Other Titles Will Be Accepted, Your Report Will Be Returned If It Does NOT Bear An Authorized Signature.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As If Made Under Oath.

Typed Name of Signing Officer	Title	Telephone Number
R.A. FRANZEN	Secy	391-6399
Signature	Date	
<i>[Handwritten Signature]</i>	4/19/78	1-6-78

NOTE: THE FILING FEE FOR THE 1978 ANNUAL REPORT IS \$10.

THE FILING FEE FOR THE 1979 ANNUAL REPORT IS \$10.

CORPORATION  
ANNUAL REPORT



STATE OF FLORIDA  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

1979

MAR 26 11 12 AM 979

DO NOT WRITE IN THIS SPACE

FEB 25-79 2 1533\*\*\*\*\*

THIS REPORT MUST BE ACCOMPANIED BY THE FOLLOWING:  
CORPORATIONS DIVISION  
TALLAHASSEE, FLORIDA

READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES

1. Name and Address of Corporation Principal Officer:

215101  
TROPICAL BAY INC  
215 COCONUT PALM RD  
BOCA RATON FLA 33432

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient.

Street Address  
P.O. Box No.  
City  
State Zip Code

3. Date Incorporated or Qualified To Do Business in Florida

8/30/1958

4. Federal Employer Identification Number (FEIN)

N/A

5. Date of Last Report

1978

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
FRANZEN, B. A.	P/O	1191 S.W. 15TH ST.	BOCA RATON, FL
FRANZEN, DIRK G.	V/O	215 COCONUT PALM RD	BOCA RATON, FL
FRANZEN, R A	S/O	215 COCONUT PALM RD	BOCA RATON, FL

7. Registered Agent Information

If you wish to change Registered Agent on this form, enter all new information below.

Name  
FRANZEN, R A  
Street Address (Do NOT Use P.O. Box Number)  
215 COCONUT PALM RD  
City, State and Zip Code  
BOCA RATON, FL 33432

Name  
Street Address (Do NOT Use P.O. Box Number)  
City, State and Zip Code

8. See signature restrictions under instructions on reverse side of this form.  
I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath.

DO NOT WRITE IN THIS SPACE

Typed Name of Signing Officer

R. A. Franzen

Title

Secy.

Telephone Number

391-6399

Signature

Date

1-17-79

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
George Firestone  
Secretary of State  
DIVISION OF CORPORATIONS

1980

THIS REPORT MUST BE ACCOMPANIED BY A \$10 FEE

DO NOT WRITE IN THIS SPACE

FILED

FEB 4 10 01 AM 1980

FLORIDA DEPT. OF STATE  
CORPORATIONS DIVISION  
TALLAHASSEE, FLORIDA

READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES  
PLEASE STAPLE CHECK TO ANNUAL REPORT

<p>1. Name and Address of Corporation Principal Office:</p> <p>215101 TROPICAL BAY INC 215 COCONUT PALM RD BOCA RATON, FLA 33432</p> <p>If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.</p>	<p>2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient.</p> <p>Street Address _____</p> <p>P.O. Box No. _____</p> <p>City _____</p> <p>State _____ Zip Code _____</p>
--	---

<p>3. Date Incorporated or Qualified To Do Business in Florida: 8/30/1958</p>	<p>4. Federal Employer Identification Number (FEN): None</p>	<p>5. Date of Last Report: 1979</p>
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6. Names and Street Addresses of Each Officer and Director

Name of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
FRANZEN, B. A.	P/D	1191 S.W. 15TH ST.	BOCA RATON, FL
FRANZEN, DIRK G.	V/D	215 COCONUT PALM RD	BOCA RATON, FL
FRANZEN, R. A.	S/D	215 COCONUT PALM RD	BOCA RATON, FL

7. Registered Agent Information

<p>Name: FRANZEN, R. A.</p> <p>Street Address (Do NOT Use P.O. Box Number): 215 COCONUT PALM RD</p> <p>City, State and Zip Code: BOCA RATON, FL 33432</p>	<p>To change the Registered Agent and/or Registered Office a separate statement signed by the new Registered Agent and executed by the President or Vice President of the corporation must be filed with a fee of \$3.</p>
---	--

See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath.

<p>Typed Name of Signing Officer: R. A. Franzen</p>	<p>Title: Secretary</p>	<p>Telephone Number: 305-394-6399</p>
<p>Signature: <i>[Handwritten Signature]</i></p>		<p>Date: 1/29/80</p>

DO NOT WRITE IN THIS SPACE  
98. 2-4-80

215101 02-01-80 2 7 640 10.00

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

<p>CORPORATION ANNUAL REPORT</p> <p style="text-align: center;"><b>1981</b></p> <p style="text-align: center;">THIS REPORT MUST BE ACCOMPANIED BY A \$10 FEE</p>	<p>FLORIDA DEPARTMENT OF STATE George Firestone Secretary of State DIVISION OF CORPORATIONS</p>	<p>DO NOT WRITE IN THIS SPACE</p> <p><b>APPROVED AND FILED</b></p> <p><b>APR 27 3 44 PM 1981</b></p> <p>FLORIDA DEPT. OF STATE CORPORATIONS DIVISION</p>
--	---	--

← READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING CHANGES →  
PLEASE STAPLE CHECK TO ANNUAL REPORT

<p>1. Name and Address of Corporation Principal Office:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>215101 TROPICAL BAY INC 215 COCONUT PALM RD BOCA RATON FLA 33432</p> </div> <p style="font-size: small;">If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.</p>	<p>2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient.</p> <p>Street Address _____</p> <p>P.O. Box No. _____</p> <p>City _____</p> <p>State _____ Zip Code _____</p>
---	---

<p>3. Date Incorporated or Qualified To Do Business in Florida</p> <p style="text-align: center;"><b>8/30/1958</b></p>	<p>4. Federal Employer Identification Number (FERN)</p>	<p>5. Date of Last Report</p> <p style="text-align: center;"><b>1980</b></p>
--	---	--

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
FRANZEN, G. A.	P/D	5701 SW 13th Street	Plantation, FL
FRANZEN, DIRK G.	V/D	215 COCONUT PALM RD	BOCA RATON, FL
FRANZEN, R A	S/D	215 COCONUT PALM RD	BOCA RATON, FL

<p>7. Registered Agent Information</p> <p>Name: <b>FRANZEN, R A</b></p> <p>Street Address (Do NOT Use P.O. Box Number): <b>215 COCONUT PALM RD</b></p> <p>City, State and Zip Code: <b>BOCA RATON, FL 33432</b></p>	<p>To change the Registered Agent and/or Registered Office a separate statement signed by the new Registered Agent and executed by the President or Vice President of the corporation must be filed with a fee of \$3.</p> <p style="text-align: right; font-size: large;"><b>4/27 8PB</b></p>
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8. See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.

<p>Typed Name of Signing Officer</p> <p><b>R. A. Franzen</b></p>	<p>Title</p> <p><b>Secy.</b></p>	<p>Telephone Number</p> <p><b>305-391-6399</b></p>
<p>Signature</p>		<p>Date</p> <p style="text-align: right; font-size: large;"><b>1-21-81</b></p>

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION  
ANNUAL REPORT  
**1982**



George Firestone  
Secretary of State

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

JAN 22 9 26 AM '82

Read Notice and Instructions on Other Side Before Making Entries  
Filing Fee of \$10 Required — Make Checks Payable To: Secretary of State

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name and Address of Corporation Principal Office  <b>215101 TROPICAL BAY INC 215 COCONUT PALM RD BOCA RATON FLA 33432</b>	2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient Street Address
	P.O. Box No.
	City
	State <span style="float:right">Zip Code</span>

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

3. Date Incorporated or Qualified to Do Business in Florida <b>08/30/1958</b>	4. Federal Employer Identification Number (FEIN)	5. Date of Last Report <b>04/28/1981</b>
--	--	---

6. Names and Street Addresses of Each Officer and Director			
Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
FRANZEN, B. A.	P/D	5701 SW 13TH STREET	PLANTATION, FL
FRANZEN, DIRK G.	V/D	215 COCONUT PALM RD	BOCA RATON, FL
FRANZEN, R A	S/D	215 COCONUT PALM RD	BOCA RATON, FL

**Registered Agent Information**

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent
<b>FRANZEN, R A 215 COCONUT PALM RD BOCA RATON, FL 33432</b>	Name
	Street Address (Do NOT Use P.O. Box Number)
	City, State and Zip Code

I, pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, hereby certifies that the statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida

Such change was authorized by resolution duly adopted by its board of directors on \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment)

**\$3.00 additional fee required for Registered Agent changes.**

See signature restrictions under instructions on reverse side of this form.

I certify that I am an Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. and that Certifying that I Understand My Signature on This Report Shall Have the Same Legal Effect as if Made Under Oath

Signature 	Date <b>January 10, 1982</b>
Name <b>Bradley A. Franzen</b>	Telephone Number <b>305 791-4139</b>
Title <b>President</b>	



DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION  
ANNUAL REPORT

1983



George Freestone  
Secretary of State

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE  
APPROVED  
AND  
FILED

JAN 29 1 47 PM 1983

Read Notice and Instructions on Other Side Before Making Entry  
Filing Fee of \$10 Required — Make Checks Payable To: Secretary of State, Tallahassee, Florida

1. Name and Address of Corporation Principal Office:

215101  
TROPICAL BAY INC  
215 COCONUT PALM RD  
BOCA RATON, FLA

33432

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient.

Street Address

P.O. Box No.

City

State

Zip Code

3. Date Incorporated or Qualified To Do Business in Florida

08/30/1958

4. Federal Employer Identification Number (FEIN)

NA

5. Date of Last Report

01/22/1982

6. Names and Street Addresses of Each Officer and Director.

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
FRANZEN, B. A.	P/O	5701 SW 13TH STREET	PLANTATION, FL
FRANZEN, DIRK G.	V/O	215 COCONUT PALM RD	BOCA RATON, FL
FRANZEN, R. A.	S/D	215 COCONUT PALM RD	BOCA RATON, FL

Registered Agent Information

7. Name and Address of Current Registered Agent

FRANZEN, R. A.  
215 COCONUT PALM RD  
BOCA RATON, FL

33432

8. Name and Address of New Registered Agent

Name

Street Address (Do NOT Use P.O. Box Number)

City, State and Zip Code

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, 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 resolution duly adopted by its Board of Directors on \_\_\_\_\_

SIGNATURE

(Registered Agent Accepting Appointment)

DATE

\$3.00 additional fee required for Registered Agent changes.

See signature restrictions under instructions on reverse side of this form

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. and My Signature On This Report Shall Have the Same Legal Effect As if Made Under Oath.

B.A. Franzen

Title  
President

Date

1/3/83  
Telephone Number  
305 426-3661

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

**CORPORATION  
ANNUAL REPORT  
1984**



FLORIDA DEPARTMENT OF REVENUE  
George Firestone  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
FILED

May 11 10 44 AM 1984

Read Notice and Instructions on Other Side Before Making Entries  
FILING Fee of \$10 Required — Make Checks Payable To: Secretary of State

1 Name and Address of Corporation Principal Office		2 Enter Change of address of Corporation Principal Office, P.O. Box Number, Address Notifications	
215101 TROPICAL BAY INC <del>215 COCONUT PALM RD</del> BOCA RATON FLA 33432		Street Address 5701 SW 13TH STREET P.O. Box No. City PLANTATION State FL 33317	
If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code			

3 Date Incorporated or Qualified To Do Business in Florida	08/30/1956	4 Federal Employer Identification Number (FEIN)	59-6068357	5 Date of Last Report	01/28/1983
--	------------	---	------------	-----------------------	------------

6 Names and Street Addresses of Each Officer and Director, as of December 31, 1983			
Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
1 FRANZEN, B. A.	P/D	5701 SW 13TH STREET	PLANTATION, FL
2 FRANZEN, DIRK G.	V/D	215 COCONUT PALM RD	BOCA RATON, FL
3 FRANZEN, R A	S/D	215 COCONUT PALM RD	BOCA RATON, FL

Registered Agent Information	
7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent
FRANZEN, R A 215 COCONUT PALM RD BOCA RATON, FL 33432	Name Street Address (Do NOT Use P.O. Box Number) City, State and Zip Code

9 Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits this statement for the purpose of changing its registered officer or registered agent, or both, in the state of Florida.

Such change was authorized by resolution duly adopted by its board of directors on \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 (Registered Agent Accepting Appointment)

**\$3.00 additional fee required for Registered Agent changes.**

10 See signature restrictions under instructions on reverse side of this form

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 617 F.S. I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath

Signature	Date
<i>B. A. Franzen</i>	2-8-84
Typed Name of Signing Officer	Title
B. A. FRANZEN	PRESIDENT
	Telephone Number
	305 426-3661

11 Should you desire a certificate of status check the box below and include an additional \$5.00 with your payment

CERTIFICATE OF STATUS DESIRED  
 \$5 Additional fee required for certificates

CORPORATION  
ANNUAL REPORT  
1985



SECRETARY OF STATE  
CORPORATION DIVISION  
TALLAHASSEE, FLORIDA 32399

Read Notice and Instructions on Other Side Before Making Entries  
Filing Fee of \$20 Required — Make Checks Payable To: Secretary of State

1 Name and Address of Corporation Principal Office		2 Enter Changes of Address of Corporation From Last Report	
215101 7 TROPICAL BAY INC 5701 SW 13TH STREET PLANTATION, FL 33317		Street Address P.O. Box No. City State Zip Code	
If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.			

3 Date Incorporated or Qualified To Do Business in Florida: 08/30/1958	4 Federal Employer Identification Number: 33-068757	5 Date of Last Report: 05/22/1984
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6 Names and Street Addresses of Each Officer and Director, as of December 31, 1984			
Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
1 FRANZEN, B. A.	P/D	5701 SW 13TH STREET	PLANTATION, FL
2 FRANZEN, DIRK G.	V/D	215 COCONUT PALM RD	BOCA RATON, FL
3 FRANZEN, R A	S/D	215 COCONUT PALM RD	BOCA RATON, FL
4			
5			
6			

**Registered Agent Information**

7 Name and Address of Current Registered Agent	8 Name and Address of New Registered Agent
FRANZEN, R A 215 COCONUT PALM RD BOCA RATON, FL 33432	Name Street Address (Do NOT Use P.O. Box Numbers) City, State and Zip Code

Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, organized under the laws of the State of Florida, submits this statement for the purpose of changing its registered officer or registered agent, or both in the state of Florida. An change was authorized by resolution duly adopted by its board of directors on \_\_\_\_\_ hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.025 F.S.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment)

\$3.00 additional fee required for Registered Agent changes.

See signature restrictions under instructions on reverse side of this form.  
I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath.  
(Officer signing must be listed in Block 6.)

Signature: <i>[Signature]</i>	Date: 3/2/85
Name of Signing Officer: B. A. FRANZEN	Telephone Number: 305 476-3661
Title: PRESIDENT	

\$5 additional fee required for a Certificate of Status

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

CORPORATION

ANNUAL REPORT  
1986



FLORIDA DEPARTMENT OF STATE  
George Firestone  
Secretary of State  
DIVISION OF CORPORATIONS

DO NOT WRITE IN THESE SPACES

Read Notice and Instructions on Other Side Before Making Entries

Filing Fee of \$20 Required - Make Checks Payable To: Secretary of State

1 Name and Address of Corporation Principal Office

215101  
TROPICAL BAY INC  
5701 SW 13TH STREET  
PLANTATION, FL 33317

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code

2 Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

3 Date Incorporated or Qualified To Do Business in Florida 08/30/1958

4 Federal Employer Identification Number (FEIN) 99-6068357

5 Date of Last Report 03/07/1985

6 Names and Street Addresses of Each Officer and Director, as of December 31, 1985

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
FRANZEN, B. A.	P/O	5701 SW 13TH STREET	PLANTATION, FL
FRANZEN, DIRK G.	V/O	215 COCONUT PALM RD	BOCA RATON, FL
FRANZEN, R A	S/O	215 COCONUT PALM RD	BOCA RATON, FL

REGISTERED AGENT INFORMATION

7 Name and Address of Current Registered Agent

FRANZEN, R A  
215 COCONUT PALM RD  
BOCA RATON, FL 33432

8 Name and Address of New Registered Agent

Name 81

Street Address (Do NOT Use P.O. Box Number) 82

City and State 83

FL

Zip Code 84

I, Pursuant to the provisions of Sections 607.034 and 607.007, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, submit this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by resolution duly adopted by its board of directors on \_\_\_\_\_

I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of Section 607.325 F.S.

SIGNATURE \_\_\_\_\_  
(Registered Agent Accepting Appointment)

DATE \_\_\_\_\_

\$3.00 additional fee required for Registered Agent changes.

See signature restrictions under instructions on reverse side of this form

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath (Officer's name must be listed in Block 6)

Signature *B.A. Franzen*

Date 3/2/86

Printed Name of Signing Officer  
B.A. Franzen

Title  
President

Telephone Number  
305-426-3661

\$5 Additional Fee required for a Certificate of Status

**FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1, 1987**

CORPORATION

ANNUAL REPORT  
1987



FLORIDA DEPARTMENT OF STATE  
George F. Reardon  
Secretary of State  
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

1987 FEB 25 PM 12:47

FLORIDA DEPT. OF STATE  
CORPORATIONS DIVISION  
TALLAHASSEE, FL. 323

Read Notice and Instructions on Other Side Before Making Entries  
Filing Fee of \$25 Required - Make Checks Payable To: Secretary of State

Name and Address of Corporation Principal Office:  
  
215101 7  
TROPICAL BAY INC  
5701 SW 13TH STREET  
PLANTATION, FL 33317  
  
\* Above address is incorrect in any way, enter the correct address  
in item 2. Include Zip Code

2 Enter Change of Address of Corporation Principal Office, P.O. Box Number if one is NOT Sufficient  
  
Street Address 21  
  
P.O. Box No. 22  
  
City and State 23  
  
Zip Code 24

Date Incorporated or Qualified to Do Business in Florida: 08/30/1958  
4 Federal Employe Identification Number (FEIN): 59-6066057  
5 Date of Last Report: 03/18/1986

Names and Street Addresses of Each Officer and Director, as of December 31, 1986

1 Names of Officers and Directors	2 Title	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State
FRANZEN, B. A.	P/O	5701 SW 13TH STREET	PLANTATION, FL
FRANZEN, DIRK G.	V/O	215 COCONUT PALM RD	BOCA RATON, FL
FRANZEN, P. A.	S/O	215 COCONUT PALM RD	BOCA RATON, FL

**REGISTERED AGENT INFORMATION**

Name and Address of Current Registered Agent:  
  
FRANZEN, P. A.  
215 COCONUT PALM RD  
BOCA RATON, FL 33432

5 Name and Address of New Registered Agent:  
  
Name A1  
  
Street Address 1 (Do NOT Use P.O. Box Number) B2  
  
Street Address 2 (Do NOT Use P.O. Box Number) B3  
  
City and State B4 FL Zip Code B5

I, the undersigned, in compliance of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, submits a statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The change is authorized by resolution duly adopted by its board of directors on \_\_\_\_\_ and hereby accepts the appointment of registered agent I am furnishing and accept the obligations of Section 607.376 F.S.

DATE: \_\_\_\_\_ (Registered Agent Accepting Appointment) DATE: \_\_\_\_\_

SEE ADDITIONAL FEE REQUIRED FOR REGISTERED AGENT CHANGES

See signature instructions under instructions on reverse side of this form

NOTE: That All An Officer of the Corporation, the President or Trustee Empowered to Resubmit This Report as Required by Chapter 607 F.S. Shall Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath. This Certifying must be signed in Blue Ink

B.A. Franzen President

Date: 2/14/87  
Telephone Number: 305 791-7504

STATE FEE OF \$25 IS REQUIRED

AN ADDITIONAL FEE REQUIRED FOR A CERTIFICATE OF STATUS

CRF-COM 11/86

**FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST.**

RECEIVED  
FILED

CORPORATION

ANNUAL REPORT  
1988



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE  
REC FEB 24 PM 2:07  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FORM 1001 (1/88)

Filing Fee of \$25 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office

215101  
TROPICAL BAY INC  
5701 SW 13TH STREET  
PLANTATION, FL 33317

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code

3. Date Incorporated or Qualified To Do Business in Florida

08/30/1958

4. Federal Employer Identification Number (FEIN)

59-6068357

5. Date of Last Report

02/25/1987

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1987

1. Names of Officers and Directors	2. Title	3. Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4. City and State
FRANZEN, B. A.	P/D	5701 SW 13TH STREET	PLANTATION, FL
FRANZEN, DIRK G.	V/D	215 COCONUT PALM RD	BOCA RATON, FL
FRANZEN, R A	S/D	215 COCONUT PALM RD	BOCA RATON, FL

**REGISTERED AGENT INFORMATION**

8. Name and Address of New Registered Agent

Name 81

7. Name and Address of Current Registered Agent

FRANZEN, R A  
215 COCONUT PALM RD  
BOCA RATON, FL 33432

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84

FL

Zip Code 85

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on \_\_\_\_\_.

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.305 F.S.

SIGNATURE \_\_\_\_\_

(Registered Agent Accepting Appointment)

DATE \_\_\_\_\_

10. Is a foreign corporation, date first transacted business in Florida \_\_\_\_\_

See signature restrictions under instructions on reverse side of this form

I certify that I am an Officer or Director of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further certify that I understand my signature on this report shall have the same legal effect as if made under oath. Officer or Director signature must be in ink in Block It.

Signature of Signing Officer or Trustee  
*B.A. FRANZEN*  
B.A. FRANZEN

Title  
PRESIDENT

Date  
2/14/88  
Telephone Number  
305 791-7504

11. Should you check a box on this statement, check the box

REGISTRATION STATUS IN SHED

FORM 1001 (1/88)

**FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST**

AND  
FILED  
DO NOT WRITE IN THIS SPACE

**CORPORATION**  
**ANNUAL REPORT**  
**1989**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

1989 FEB 24 10 12 03

FLORIDA DEPT. OF STATE  
CORPORATIONS DIVISION  
TALLAHASSEE, FLORIDA

**Filing Fee of \$35 Required - Make Checks Payable To: Secretary of State**

1 Name and Address of Corporation Principal Office

ZIP + 4

215101 7  
TROPICAL BAY INC  
5701 SW 13TH STREET  
PLANTATION, FL 33317-5335

2 Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

If above address is incorrect in any way enter the correct address in item 2. include Zip Code.

3 Date Incorporated or Qualified to Do Business in Florida

08/30/1958

4 Federal Employer Identification Number (FEIN)

59-6068357

5 Date of Last Report

02/24/1988

6 Name and Street Address of Each Officer and Director as of December 31, 1988

7	8 Name of Officers and Directors	9 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	10 City and State
P/D	FRANZEN, B. A.	5701 SW 13TH STREET	PLANTATION, FL
V/D	FRANZEN, DIRK G.	215 COCONUT PALM RD	BOCA RATON, FL
S/D	FRANZEN, R A	215 COCONUT PALM RD	BOCA RATON, FL

**REGISTERED AGENT INFORMATION**

11 Name and Address of Current Registered Agent

FRANZEN, R A  
215 COCONUT PALM RD  
BOCA RATON, FL 33432

12 Name and Address of New Registered Agent

Name A1

Street Address 1 (Do NOT Use P.O. Box Number) B2

Street Address 2 (Do NOT Use P.O. Box Number) A3

City and State A4

Zip Code B5

FL

Printed in the presence of Supervisors 101 031 and 101 037. Florida Statutes, 218.01, require corporation incorporated under the laws of the State of Florida, within this division, to file a report of changing its registered office or registered agent, to both, in the State of Florida. All changes must be authorized by the unanimous vote of the Board of Directors. The information on this report must be filed in Article 6 of the Florida Statutes. The registered agent must be a resident of the State of Florida, and accept the responsibilities of Chapter 607, 608 & 609.

13 SIGNATURE

(Registered Agent Accepting Appointment)

DATE

14 I, the undersigned, do hereby certify that the information furnished on this report is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida.

Sign over when completed to your jurisdiction on reverse side of this form.

15 I, the undersigned, do hereby certify that the information furnished on this report is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida. I am hereby authorized to accept the responsibilities of Chapter 607, 608 & 609 of the Florida Statutes. My signature on this report shall have the same legal effect as if made under oath. The name of the officer or director must be typed in Article 6.

*B.A. Franzen*  
B.A. FRANZEN

PRESIDENT

16 USE

2/13/89

17 TELEPHONE NUMBER

305 791-7504

PS/10002

ORF0001-10

**FILE NOW! THIS ANNUAL REPORT WILL BE DELINQUENT AFTER JULY 1ST**

MSC20285

**CORPORATION  
ANNUAL REPORT  
1990**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE  
1990 FEB 20 11 13 51  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

Read Notice and Instructions on Other Side Before Making Entry.  
**Filing Fee of \$35 Required — Make Checks Payable To: Secretary of State**

1. Name and Address of Corporation Principal Office

**215101 7**  
**ZIP + 4 PRESORT**

**TROPICAL BAY INC  
5701 SW 13TH STREET  
PLANTATION, FL 33317-5335**

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code

2. If Address in Block 1 is incorrect in any way, enter the correct address below. PO Box number alone is NOT sufficient. The NAME of the corporation can be changed only by filing an amendment.

Street Address 21

PO Box No. 22

City and State 23

Zip Code 24

3. Date incorporated or Qualified

**08/30/1958**

4. FEI Number

**59-6068357**

FEI Number Applied For  
FEI Number Not Applicable

5. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information)

6. Title	7. Names of Officers and Directors	8. Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	9. City and State
P/D	FRANZEN, B. A.	5701 SW 13TH STREET	PLANTATION, FL
V/D	FRANZEN, DIRK G.	215 COCONUT PALM RD	BOCA RATON, FL
S/D	FRANZEN, R A	215 COCONUT PALM RD	BOCA RATON, FL

**REGISTERED AGENT INFORMATION**

Name and Address of Current Registered Agent

**FRANZEN, R A  
215 COCONUT PALM RD  
BOCA RATON, FL 33432**

10. Name and Address of New Registered Agent

Name B1

Street Address 1 (Do NOT Use P.O. Box Number) B2

Street Address 2 (Do NOT Use P.O. Box Number) B3

City and State B4

**FL**

Zip Code B5

I, the undersigned, in the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

I am authorized by resolution duly adopted by its board of directors or

its board of directors to execute this statement and the appointment of registered agent. I am bound with and accept the obligations of Section 607.035, F.S.

(Registered Agent Accepting Appointment)

DATE

*B.A. Franzen*

Dec **2-11-90**

**B.A. FRANZEN**

**PRESIDENT**

**305 791-7504**



**FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.**

CORPORATION  
ANNUAL REPORT  
1991



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

1992011

APPROVED  
FL. DEPT. OF STATE  
CORPORATIONS DIV.  
TALLAHASSEE, FL  
FILED

**FILING FEE OF \$61.25 REQUIRED**

DO NOT WRITE IN THIS SPACE.

1. Name and Mailing Address of Corporation: **DOCUMENT #215101 (7)**  
**ZIP + 4 PRESORT**

**TROPICAL BAY INC  
5701 SW 13TH STREET  
PLANTATION, FL 33317-5335**

2. If Address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

21	Street Address
22	P.O. Box No.
23	City and State
24	Zip Code

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

3. Date incorporated or Qualified To Do Business in Florida <b>08/30/1958</b>	4. FEI Number <b>59-6068357</b>	FEI Number Applied For	5. <b>\$8.75</b>
		FEI Number Not Applicable	CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>

1. Title	2. Names of Officers and Directors	3. Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4. City and State
P/D	FRANZEN, B. A.	5701 SW 13TH STREET	PLANTATION, FL
V/D	FRANZEN, DIRK G.	215 COCONUT PALM RD	BOCA RATON, FL
S/D	FRANZEN, R A	215 COCONUT PALM RD	BOCA RATON, FL

**REGISTERED AGENT INFORMATION**

7. Name and Address of Current Registered Agent  
**FRANZEN, R A  
215 COCONUT PALM RD  
BOCA RATON, FL 33432**

8. Name and Address of New Registered Agent	
81 Name	
82 Street Address 1 (Do NOT Use P.O. Box Number)	
83 Street Address 2 (Do NOT Use P.O. Box Number)	
84 City	85 Zip Code
	<b>FL</b>

I, 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 agent, 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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment)

I hereby 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. I further certify 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 5 or on an attachment with an address.

*B.A. Franzen*  
**B.A. FRANZEN**

Title  
**PRESIDENT**

DATE **2/22/91**  
Telephone Number (Daytime)  
**(305) 711-7504**

**FILING FEE OF \$61.25 REQUIRED — Make Checks Payable To: Secretary of State \$8.75 Additional Fee required for a Certificate of Status**

**FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.**

CORPORATION  
ANNUAL REPORT  
1992



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

K1216'92

APPROVED  
SEC. OF STATE  
CORPORATIONS DIV.  
TALLAHASSEE, FLA.  
FILED

**FILING FEE \$61.25 Make Payable To: Secretary of State**

DO NOT WRITE IN THIS SPACE

1. Name and Mailing Address of Corporation: **DOCUMENT #215101 (7)**

**TROPICAL BAY INC  
5701 SW 13TH STREET  
PLANTATION FL 33317-5335**

2. If Address in Block 1 is incorrect in any way, and although the incorrect information and enter the correct address (i.e. no P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

21 Mailing Address

22 P.O. Box No.

23 City and State

24 Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: **08/30/1958**

If above address is incorrect in any way, line through the incorrect information and enter correct address in Block 2

3a. Date of Last Report: **02/26/1991** 4. FEI Number: **59-6068357**  
FEI Number Applied For: **\$8.75**  
FEI Number Not Applicable:  CERTIFICATE OF STATUS REQUIRED

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

1 Title	2 Names of Officers and Directors	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State
P/D	FRANZEN, B. A.	5701 SW 13TH STREET	PLANTATION, FL
V/D	FRANZEN, DIRK G.	215 COCONUT PALM RD	BOCA RATON, FL
S/D	FRANZEN, R A	215 COCONUT PALM RD	BOCA RATON, FL

**REGISTERED AGENT INFORMATION**

7. Name and Address of Current Registered Agent  
**FRANZEN, R A  
215 COCONUT PALM RD  
BOCA RATON, FL 33432**

8. Name and Address of New Registered Agent  
81 Name  
82 Street Address 1 (Do NOT Use P.O. Box Number)  
83 Street Address 2 (Do NOT Use P.O. Box Number)  
84 City  
85 State: **FL.**

9. Pursuant to the provisions of Sections 607 (5)(b) and 607 (5)(c) of Sections 617 (5)(b) and 617 (5)(c), Florida Statutes, the above named corporation hereby has authorized and changed its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors, and I, the undersigned, accept the appointment as registered agent familiar with and accept the obligations of Section 607 (6)(a), Florida Statutes.

10. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)  
\_\_\_\_\_  
(Registered Agent Accepting Appointment) DATE: \_\_\_\_\_

11. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. I, the undersigned, certify that I am an officer or director of the corporation in the record of the Department of State and I am authorized to execute this report as required by Chapter 607, Florida Statutes.

SIGNATURE *B.A. Franzen*  
**B.A. FRANZEN PRES.**

**3/9/92**  
**305 791-7504**

Now Filing Fee after May 1 is \$225.00



DOCUMENT # 215101 (7)

TROPICAL BAY INC  
5701 SW 13TH ST  
PLANTATION FL 33317-5336

APPROVED  
AND  
FILED

93 MAY -1 PM 3:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

STATE OF FLORIDA  
DEPARTMENT OF REVENUE  
MARKETABLE INTANGIBLES DIVISION  
20  
26  
21  
28  
24  
29

Name and Address of Current Registered Agent

FRANZEN, R A  
~~45 COCONUT PALM RD~~  
~~SEA RATON FL 33332~~

D  
FRANZEN, R A  
5701 SW 13TH STREET  
PLANTATION FL

D  
FRANZEN, R A  
45 COCONUT PALM RD  
SEA RATON FL

D  
FRANZEN, R A  
45 COCONUT PALM RD  
SEA RATON FL

08/30/1958

03/16/1992

598068367

\$8.75

\$5.00

\$138.75



Name and Address of New Registered Agent

34 Rio Vista Dr.

STUART FL 34996 USA

10 N. RIDGEWAY RD  
STUART, FL 34996

34 RIO VISTA DR.  
STUART, FL 34996

29 1 1992

305 791-7504

FILE UNDER PUBLIC FILE AFTER MAY 15 1968

FILED

94 MAY 20 PM 11 45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1964



FLORIDA DEPARTMENT OF STATE

Jim Bush

Secretary of State

UNIVERSITY OF FLORIDA BUILDING

DOCUMENT #  
215101 (7)

1. Name  
TROPICAL BAY INC

2. Office Address  
701 SW 13TH STREET  
PLANTATION FL 32977

3. Office Address  
500 SW 13TH STREET  
PLANTATION FL 32977

2			
21		26	
22		27	
23		28	
24	25	29	30

9. Name and Address of Current Registered Agent

FRANZEN R A  
34 RIO VISTA DR  
STUART FL 34988

- 01
- 02
- 03
- 04

3. Date of Filing  
02/30/1968

4. Date of Issuance  
05/01/1968

5. State of Incorporation  
99-0088357

6. [Redacted]

7. Amount of Fee  
\$5.00

8. Address

10. Name and Address of New Registered Agent

FL

FRANZEN B A  
5701 SW 13TH STREET  
PLANTATION FL  
FRANZEN DIRK G  
10 N RIDGEWAY RD  
STUART FL  
FRANZEN R A  
34 RIO VISTA DR  
STUART FL

11. [Vertical line]

SIGNATURE

BA FRANZEN

5/13/68

3.00 - 11.00

SECOND NOTICE CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 6/30/95 (IF DISSOLVED, AMOUNT DUE TO REINSTATE: \$175)

1995

DOCUMENT # 215101

(7)

TROPICAL BAY INC



DEPARTMENT OF STATE

FILED  
SECRETARY OF STATE  
GRATIAS

95 JUL -9 PM 9:25

5701 SW 13TH STREET  
PLANTATION FL 33317

5701 SW 13TH STREET  
PLANTATION FL 33317

21	26	27	28
22	27	28	29
23	28	29	30
24	29	30	31

05/20/1995 05/20/1994

4 F Number  
50-000007  
68.75  
\$6.00

FRANZBLA A  
34 RD VERA CR  
STUART FL 34980

FD  
FRANZBLA A  
5701 SW 13TH STREET  
PLANTATION FL  
FD  
FRANZBLA G  
10 N RIVERWAY RD  
STUART FL  
FD  
FRANZBLA A  
34 RD VERA CR  
STUART FL

SIGNATURE *BA FRANZEN*

5/20/95 303 29445