

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

**FILED**  
**Apr 06, 1999 8:00 am**  
**Secretary of State**

04-06-1999 90054 007 \*\*\*150.00

|  |   |  |
|--|---|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT # F65773**

1. Corporation Name  
**TROPIC AIRCRAFT, INC.**



|   |  |
|---|--|
| Principal Place of Business<br>299 PARK STREET<br>MIAMI FL 33166-4451<br>US | Mailing Address<br>PARK AVENUE GROUP INC<br>2501 SE AVIATION WAY. STE 0<br>STUART FL 34996<br>US |
|---|--|

DO NOT WRITE IN THIS SPACE

|   |  |   |                             |                               |
|---|--|---|-----------------------------|-------------------------------|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country<br>24 | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country<br>29 | 3. Date Incorporated or Qualified<br>02/03/1982 | 4. FEI Number<br>59-2160082 | Applied For<br>Not Applicable |
|---|--|---|-----------------------------|-------------------------------|

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/>   | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | \$5.00 May Be Added to Fees    |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                |

|   |  |
|---|--|
| 9. Name and Address of Current Registered Agent<br>GORDON, STEVEN I<br>7501 W. OAKLAND PARK BLVD.<br>STE 308<br>LAUDERHILL FL 33319 | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>85 Zip Code |
|---|--|

|         |   |         |            |             |
|---------|---|---------|------------|-------------|
| 81 Name | 82 Street Address (P.O. Box Number is Not Acceptable) | 83      | 84 City    | 85 Zip Code |
|         | B360 W. Oakland Park Blvd                             | ste 301 | Sunrise FL | 33351       |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--------------------------------------|---|--|
| TITLE                      | PVST <input type="checkbox"/> DELETE | 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | DEE, WILLIAM E JR.                   | 1.2 NAME  |  |
| STREET ADDRESS             | 98 DELEON                            | 1.3 STREET ADDRESS                                    | 400 PALMETHO DR  |
| CITY-ST-ZIP                | MIAMI SPRINGS FL                     | 1.4 CITY-ST-ZIP                                       | MIAMI SPRINGS FL 33166   |
| TITLE                      | <input type="checkbox"/> DELETE      | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                      | 2.2 NAME  |  |
| STREET ADDRESS             |                                      | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                      | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE      | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                      | 3.2 NAME  |  |
| STREET ADDRESS             |                                      | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                      | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE      | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                      | 4.2 NAME  |  |
| STREET ADDRESS             |                                      | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                      | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE      | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                      | 5.2 NAME  |  |
| STREET ADDRESS             |                                      | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                      | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE      | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                      | 6.2 NAME  |  |
| STREET ADDRESS             |                                      | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                      | 6.4 CITY-ST-ZIP                                       |  |

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS | 400 PALMETHO DR  |
| 1.4 CITY-ST-ZIP    | MIAMI SPRINGS FL 33166   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |  |
| 2.3 STREET ADDRESS |  |
| 2.4 CITY-ST-ZIP    |  |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS |  |
| 3.4 CITY-ST-ZIP    |  |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS |  |
| 4.4 CITY-ST-ZIP    |  |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |  |
| 5.3 STREET ADDRESS |  |
| 5.4 CITY-ST-ZIP    |  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |  |
| 6.3 STREET ADDRESS |  |
| 6.4 CITY-ST-ZIP    |  |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE REQUIRED** **2/12/99**  
 SIGNATURE AND ZIP CODE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)