

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

**FILED**

**Apr 14 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H54275 (3)**  
1. Corporation Name  
**TROPIC BUS SALES, INC.**



Principal Place of Business <b>1655 91ST COURT VERO BCH. FL 32966 US</b>	Mailing Address <b>P O BOX 6765 VERO BCH. FL 32961 US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**04/29/1985**

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 <b>2900 RTE 9 - MAJTA</b>
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4. FEI Number <b>59-2538667</b>	Applied For Not Applicable
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22 City & State	27 City & State <b>BALLSTON SPA NY</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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23 Zip	Country	28 Zip	Country
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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24 Zip	Country	29 <b>12020</b>	30 <b>US</b>
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8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent  
**MATTHEWS, GUY  
1655 91ST COURT  
VERO BCH. FL 32966**

10. Name and Address of New Registered Agent  
81 Name  
**MARK E. MATTHEWS**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**12749 WINDERMERE ISLE**  
83  
84 City  
**WINDERMERE** **FL** 85 Zip Code  
**34786**

11. Pursuant to the provisions of Sections 607.0307 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST MATTHEWS, GUY R. 1655 91ST COURT VERO BCH. FL</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>PRESIDENT GLENN J. MATTHEWS 1478 SEQUOIA CIRCLE TOMS RIVER NJ 08753</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MATTHEWS, ROBERT E. 1655 91ST COURT VERO BCH. FL</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>VICE PRESIDENT BRADLEY J. MATTHEWS 3805 EDGEWATER ST. HIGH POINT NC 27265</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MATTHEWS, JUSTINE H. 1655 91ST COURT VERO BCH. FL</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>SECRETARY MARK E. MATTHEWS 12749 WINDERMERE ISLE PL. WINDERMERE FL 34786</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>DIRECTOR BRUCE R. MATTHEWS 6 SOUTH POINT RD. SARATOGA SPRINGS NY 12866</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)