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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90202 049 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **H54275**

1. Corporation Name
TROPIC BUS SALES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 1655 91ST COURT, VERO BCH. FL 32966, US
 Mailing Address: 2900 RTE 9 MALTA, BALLSTON SPA NY 12020, US

3. Date incorporated or Qualified: **04/29/1985**

2. Principal Place of Business: 2900 Route 9 - Malta
 Suite, Apt. #, etc.

23. City & State: Ballston Spa NY
 24. Zip: 12020, 25. Country: U.S.

4. FEI Number: **59-2538667**
 Applied For: Not Applicable

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

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MATTHEWS MARK E
12749 WINDERMERE ISLE
WINDERMERE FL 34786

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City: **FL**, 85 Zip Code

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

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PST	<input type="checkbox"/> DELETE
NAME	MATTHEWS, GLEEN J	
STREET ADDRESS	1478 SEQUOIA CIR	
CITY-ST-ZIP	TOMS RIVER NJ 08753	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MATTHEWS, ROBERT E.	
STREET ADDRESS	1655 91ST COURT	
CITY-ST-ZIP	VERO BCH. FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MATTHEWS, MARK E	
STREET ADDRESS	12749 WINDERMERE ISLE PL	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MATTHEWS, BRUCE R	
STREET ADDRESS	6 S PT RD	
CITY-ST-ZIP	SARATOGA SPRINGS NY 12866	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MATTHEWS, BRADLEY J	
STREET ADDRESS	3805 EDGEWATER ST	
CITY-ST-ZIP	HIGH POINT NC 27265	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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: _____ Date: _____ Daytime Phone #: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)