

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

APPROVED AND FILED

MAY 23 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Maystrom
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **J97981 (1)**
 1. Corporation Name
TROPICHEM ENTERPRISES, INC.

Principal Place of Business: % CHARLES J. PANARO, 9236 S.E. RIVER TERRACE, JUPITER FL 33469
 Mailing Address: % CHARLES J. PANARO, 9236 S.E. RIVER TERRACE, JUPITER FL 33469

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21, 22, 23
 2a. Mailing Address: 26, 27, 28
 24, 25, 29, 30

3. Date incorporated or Qualified: 10/19/1987
 3a. Date of Last Report: 04/19/1994
 4. FEI Number: 65-0009422
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 6. This corporation has liability for intangible tax under Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**PANARO, CHARLES J.
 9236 S.E. RIVER TERRACE
 JUPITER FL 33469**

10. Name and Address of New Registered Agent
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City
 B5 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE	PST	13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME	PANARO, CHARLES J.	13.2 NAME	
12.3 STREET ADDRESS	9236 S.E. RIVER TERRACE	13.3 STREET ADDRESS	
12.4 CITY, ST, ZIP	JUPITER FL	13.4 CITY, ST, ZIP	
12.5 TITLE	D	13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME	PANARO, CHARLES J.	13.6 NAME	
12.7 STREET ADDRESS	9236 S.E. RIVER TERRACE	13.7 STREET ADDRESS	
12.8 CITY, ST, ZIP	JUPITER FL	13.8 CITY, ST, ZIP	
12.9 TITLE		13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME		13.10 NAME	
12.11 STREET ADDRESS		13.11 STREET ADDRESS	
12.12 CITY, ST, ZIP		13.12 CITY, ST, ZIP	
12.13 TITLE		13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 NAME		13.14 NAME	
12.15 STREET ADDRESS		13.15 STREET ADDRESS	
12.16 CITY, ST, ZIP		13.16 CITY, ST, ZIP	
12.17 TITLE		13.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 NAME		13.18 NAME	
12.19 STREET ADDRESS		13.19 STREET ADDRESS	
12.20 CITY, ST, ZIP		13.20 CITY, ST, ZIP	

14. I, the filer, hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 130.170, 9001, Florida Statutes. I further certify that the information provided on this annual report or bi-annual report is true and accurate and that my signature shall have the same legal effect as if made in the oath that I am an officer or director of the corporation or member or shareholder to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or is so attached with an address.

SIGNATURE: *Charles J. Panaro*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/95 (407) 747-2280

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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # J98281 (5)

1. Corporation Name
PETERFREUND, ST. JOHN, JENSEN & WEIBLE, PHYSICIAN, P.A.

Principal Place of Business Mailing Address
**C/O DAVID O PETERFREUND
617 LAKEVIEW RD STE A
CLEARWATER FL 34616**

APPROVED
MAY 10 1995

MAY 10 1995
10:23
RECEIVED
CORPORATION
DIVISION

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/21/1987** 3a. Date of Last Report **04/25/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 1055 SOUTH FORT HARRISON AVE	26 1055 SOUTH FORT HARRISON AVE	59-2845189	Not Applicable
22 State: Apt # etc	27 State: Apt # etc	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 CLEARWATER, FL	28 CLEARWATER, FL	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 34616 3405	25 USA	29 34616-3405	30 USA
8. This corporation has liability for intangible tax under S. 199.03, Florida Statutes.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ST. JOHN, PATRICIA A. 617 LAKEVIEW RD STE A CLEARWATER FL 34616	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code FL

11. Pursuant to the provisions of Sections 609.01 and 610.01, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office in compliance with the provisions of the Florida Statutes. Each change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am hereby sworn and bound by the provisions of Sections 609.01, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1995	
1. TITLE	V	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	ST. JOHN, PATRICIA A.	2. NAME	
3. STREET ADDRESS	304 MAGNOLIA DR	3. STREET ADDRESS	
4. CITY, STATE, ZIP	CLEARWATER FL	4. CITY, STATE, ZIP	
1. TITLE	P	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	PETERFREUND, DAVID O.	2. NAME	
3. STREET ADDRESS	1202 PALMVIEW AVE.	3. STREET ADDRESS	
4. CITY, STATE, ZIP	BELLEAIR FL	4. CITY, STATE, ZIP	
1. TITLE	TS	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	JENSEN, JEFFERY	2. NAME	
3. STREET ADDRESS	14111 KENSINGTON OAK PL	3. STREET ADDRESS	
4. CITY, STATE, ZIP	LARGO FL	4. CITY, STATE, ZIP	
1. TITLE	D	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	WEIBLE, DELL	2. NAME	
3. STREET ADDRESS	1208 SUNSET DR	3. STREET ADDRESS	
4. CITY, STATE, ZIP	CLEARWATER FL	4. CITY, STATE, ZIP	
1. TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		5. NAME	
3. STREET ADDRESS		6. STREET ADDRESS	
4. CITY, STATE, ZIP		6. CITY, STATE, ZIP	
1. TITLE		7. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		7. NAME	
3. STREET ADDRESS		8. STREET ADDRESS	
4. CITY, STATE, ZIP		8. CITY, STATE, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption subject to Section 199.04(1)(b), Florida Statutes. I further certify that the information is included on this annual report or supplemental annual report as 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 13 of this report, or on the attached form with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

v.p. 5/16/95 (813) 447-7786

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TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **J99325** (9)
1. Corporation Name
CASINO RESERVATIONS, INC.

Principal Place of Business: **101 WYMORE RD
STE 440
ALTMONTE SPRINGS FL 32714
US**
Mailing Address: **101 WYMORE RD
STE 440
ALTMONTE SPRINGS FL 32714
US**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **10/28/1987** 3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2928301** Applied for: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing / Trust Fund Contribution: **\$5.00 May Be Added to Fees**
7. This corporation has liability for change agent fees under § 100.04, Florida Statutes: Yes No

2. Principal Place of Business: 2a. Mailing Address:
21. State Apt # etc: 26. State Apt # etc:
22. City & State: 27. City & State:
23. Zip: 28. Zip:
24. City: 25. State: 29. City: 30. State:

9. Name and Address of Current Registered Agent
**FRADEN, JUDITH A.
105 ROLLING WOOD TR
ALTMONTE SPRINGS FL 32714**
10. Name and Address of New Registered Agent
81. Name:
82. Street Address (P.O. Box Number is Not Acceptable):
83. City:
84. City: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 607.0222 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 607.1505, Florida Statutes.

SIGNATURE: _____ (Print Name, Title, and Address of Registered Agent or Director) _____ (Print Name, Title, and Address of Registered Agent or Director)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME: D FRADEN, JUDITH A.	12.2 STREET ADDRESS: 105 ROLLING WOOD TRAIL	13.1 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 STREET ADDRESS:	12.4 CITY, ST, ZIP:	13.2 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME:	12.6 STREET ADDRESS:	13.3 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 STREET ADDRESS:	12.8 CITY, ST, ZIP:	13.4 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9 NAME:	12.10 STREET ADDRESS:	13.5 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.11 STREET ADDRESS:	12.12 CITY, ST, ZIP:	13.6 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.13 NAME:	12.14 STREET ADDRESS:	13.7 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.15 STREET ADDRESS:	12.16 CITY, ST, ZIP:	13.8 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.17 NAME:	12.18 STREET ADDRESS:	13.9 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.19 STREET ADDRESS:	12.20 CITY, ST, ZIP:	13.10 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 607.0111(1)(b) 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 this corporation or the receiver or trustee empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Judith A. Fraden*
PRINT NAME AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

5-16-95