

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000033443 (9)

1. Corporation Name  
**TROPICAL KING CORPORATION**



Principal Place of Business: 7305 EGYPT LAKE DRIVE TAMPA FL 33614  
Mailing Address: 7305 EGYPT LAKE DRIVE TAMPA FL 33614

3. Date Incorporated or Qualified: 04/26/1995  
3a. Date of Last Report: N/A

2. Principal Place of Business: 21 22820 State Road 54  
2a. Mailing Address: 26 22820 State Road 54

4. FEI Number: 59-3311627  
Applied For: Not Applicable

22. Suite, Apt. #, etc.:  
27. Suite, Apt. #, etc.:

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

23. City & State: Lutz, Florida  
28. City & State: Lutz, Florida

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

24. Zip: 33549  
25. Country: USA  
29. Zip: 33549  
30. Country: USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
GORDON, BRUCE H  
SHUMAKER, LOOP & KENDRICK  
101 E. KENNEDY BLVD., SUITE 2500  
TAMPA FL 33602

10. Name and Address of New Registered Agent  
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		
TITLE	D	<input type="checkbox"/> DELETE
NAME	MIGUEL, ALEXANDER M	
STREET ADDRESS	7305 EGYPT LAKE DRIVE	
CITY - ST - ZIP	TAMPA FL 33614	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MIGUEL, HIGINIO DR.	
STREET ADDRESS	7305 EGYPT LAKE DRIVE	
CITY - ST - ZIP	TAMPA FL 33614	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MIGUEL, NANCY	
STREET ADDRESS	7305 EGYPT LAKE DRIVE	
CITY - ST - ZIP	TAMPA FL 33614	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Alexander M. Miguel 6/11/94 (813) 944-0433  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)