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Mar 25 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000019745 (4)

1. Corporation Name  
TROPICAL PROPERTY SERVICES, INC.



Principal Place of Business Mailing Address  
1301 SEMINOLE BLVD. SUITE 172 LARGO FL 34640  
1301 SEMINOLE BLVD. SUITE 172 LARGO FL 33770-8113

3. Date Incorporated or Qualified 03/04/1996  
3a. Date of Last Report

2. Principal Place of Business 21 4450 W. Sunrise Blvd.  
Suite, Apt #, etc.

2a. Mailing Address 26 P.O. Box 189013  
Suite, Apt #, etc.

4. FEI Number 65-0658328  
Applied For Not Applicable

22 Suite #100  
City & State PLANTATION

27  
City & State PLANTATION

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

23 Zip 33313 Country

28 Zip 33318 Country

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

9. Name and Address of Current Registered Agent  
BLATTNER, DAVID K  
200 EAST BROWARD BLVD.  
15TH FLOOR  
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent  
81 Name Craig A. Vaughan  
82 Street Address (P.O. Box Number is Not Acceptable) 4450 W. Sunrise Blvd.  
83 Suite #100  
84 City PLANTATION FL 85 Zip Code 33318

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, of 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] CRAIG VAUGHAN 3-21-97  
(NOTE: Registered Agent signature required when reinstating) DATE

Table with 12 rows for Officers and Directors. Columns include Title, Name, Street Address, City-St-Zip, and a Delete checkbox.

Table with 13 rows for Additions/Changes to Officers and Directors in 12. Columns include Title, Name, Street Address, City-St-Zip, and Change/Addition checkboxes.

14. I do 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 created 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, as indicated, or on an attachment with an address.

SIGNATURE: [Signature] CRAIG VAUGHAN 3-21-97 792-6000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)