

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90118 038 ***150.00

DOCUMENT # S72917

1. Corporation Name

TROPICAL TRAVEL INC.

Principal Place of Business

8736 WEST COMMERCIAL BOULEVARD
LAUDERHILL FL 33351

Mailing Address

8736 WEST COMMERCIAL BOULEVARD
LAUDERHILL FL 33351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/13/1991

4. FEI Number

65-0277109

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

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

MCDONOUGH, BRIAN
8736 W. COMMERCIAL BLVD.
LAUDERHILL FL 33351

10. Name and Address of New Registered Agent

81 Name BRIAN MCDONOUGH
82 Street Address (P.O. Box Number is Not Acceptable)
11420 NW 41 ST.
83 SUNRISE, FL
84 City FL 85 Zip Code 33323

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

Brian McDonough

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/15/99

DATE

12.

OFFICERS AND DIRECTORS

TITLE PST ☐ DELETE

NAME MCDONOUGH, MAUREEN
STREET ADDRESS 11420 NW 41 STREET
CITY-ST-ZIP SUNRISE FL

TITLE VPD ☐ DELETE

NAME MCDONOUGH, MAUREEN
STREET ADDRESS 11420 NW 41 STREET
CITY-ST-ZIP SUNRISE FL

TITLE D ☐ DELETE

NAME MCDONOUGH, BRIAN
STREET ADDRESS 8736 W COMM BLVD
CITY-ST-ZIP LAUDERHILL FL 33351

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

MAUREEN MCDONOUGH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/99

DATE

954-746-1034

Daytime Phone #

CR2E034 (1/98)