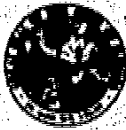


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 217297 (1)

1. Corporation Name
TROPICANA GARDENS, INC.

Principal Place of Business Mailing Address
**4001 S OCEAN BLVD 4001 S OCEAN BLVD
PALM BEACH FL 33480 PALM BEACH FL 33480**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/26/1958** 3a. Date of Last Report **04/15/1994**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip

24 Country 25 Country 29 Country 30 Country

4. FEI Number **59-1163175** 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 has liability for intangible tax under s. 189.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MINYON, NANCY
4001 S OCEAN BLVD #107
SO. PALM BCH FL 33480**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VP**
NAME ~~CORGALINI, KATHERINE~~
STREET ADDRESS **4001 S OCEAN BLVD**
CITY - ST - ZIP **PALM BCH, FL 00000**

1.1 TITLE **VP** Change Addition
1.2 NAME **TALK JACKSON**
1.3 STREET ADDRESS **4001 S. OCEAN BLVD**
1.4 CITY - ST - ZIP **PALM BEACH, FL 33480**

TITLE **T**
NAME ~~KOROUN, CHARLES~~
STREET ADDRESS **4001 S OCEAN BLVD**
CITY - ST - ZIP **PALM BEACH, FL 00000**

2.1 TITLE **T** Change Addition
2.2 NAME **RICHARD BERGER**
2.3 STREET ADDRESS **4001 S OCEAN BLVD**
2.4 CITY - ST - ZIP **PALM BEACH FL 33480**

TITLE **S**
NAME ~~METHERELL, CARY~~
STREET ADDRESS **4001 S OCEAN BLVD**
CITY - ST - ZIP **PALM BEACH, FL 00000**

3.1 TITLE **S** Change Addition
3.2 NAME **TDA LAWLER**
3.3 STREET ADDRESS **4001 S. OCEAN BLVD**
3.4 CITY - ST - ZIP **PALM BEACH FL 33480**

TITLE **P**
NAME ~~MINYON, NANCY~~
STREET ADDRESS **4001 S OCEAN BLVD**
CITY - ST - ZIP **PALM BCH, FL 00000**

4.1 TITLE **P** Change Addition
4.2 NAME **DOROTHY MILLER**
4.3 STREET ADDRESS **4001 S. OCEAN BLVD**
4.4 CITY - ST - ZIP **PALM BEACH FL 33480**

TITLE **D**
NAME ~~SCOTT, MARY~~
STREET ADDRESS **4001 S OCEAN BLVD**
CITY - ST - ZIP **PALM BEACH, FL 00000**

5.1 TITLE **D** Change Addition
5.2 NAME **MARY ANN MALM**
5.3 STREET ADDRESS **4001 S. OCEAN BLVD**
5.4 CITY - ST - ZIP **PALM BEACH, FL 33480**

TITLE **D**
NAME ~~O'CONNOR, MARY~~
STREET ADDRESS **4001 S OCEAN BLVD**
CITY - ST - ZIP **PALM BCH, FL 00000**

6.1 TITLE **D** Change Addition
6.2 NAME **MARY O'CONNOR**
6.3 STREET ADDRESS **4001 S OCEAN BLVD**
6.4 CITY - ST - ZIP **PALM BEACH FL 33480**

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 110.07(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 its duly empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an addendum.

SIGNATURE: Richard F. Berger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/95
Date Daytime Phone #