

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **217297 (1)**

1. Corporation Name  
**TROPICANA GARDENS, INC.**



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

3. Date Incorporated or Qualified **11/26/1958** 3a. Date of Last Report **04/26/1995**  
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. 199.032, Florida Statutes  Yes  No

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 Country 29 Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
~~MINYON, NANCY~~ **ITA LAWLER**  
**4001 S OCEAN BLVD APT 307**  
**SO. PALM BCH FL 33480**

10. Name and Address of New Registered Agent  
81 Name **ITA M LAWLER**  
82 Street Address (P.O. Box Number is Not Acceptable) **4001 S OCEAN BLVD**  
83 **APT 307**  
84 City **S. PALM BEACH** FL 85 **33480**

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 607.0502, Florida Statutes.

SIGNATURE: ~~ITA M LAWLER~~ **ITA M LAWLER** *Ita M Lawler* 4/25/96

12. OFFICERS AND DIRECTORS

TITLE	<del>VP</del> <input type="checkbox"/> DELETE
NAME	<b>JACKSON, JACK</b>
STREET ADDRESS	<b>4001 S OCEAN BLVD</b>
CITY-ST-ZIP	<b>PALM BCH, FL 00000</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>BERGER, RICHARD</b>
STREET ADDRESS	<b>4001 S OCEAN BLVD</b>
CITY-ST-ZIP	<b>PALM BEACH, FL 00000</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>S LAWLER, IDA</b>
STREET ADDRESS	<b>4001 S OCEAN BLVD</b>
CITY-ST-ZIP	<b>PALM BEACH, FL 00000</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<del>MILLER, DOROTHY</del>
STREET ADDRESS	<b>4001 S OCEAN BLVD</b>
CITY-ST-ZIP	<b>PALM BCH, FL 00000</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D MALM, MARY ANN</b>
STREET ADDRESS	<b>4001 S OCEAN BLVD</b>
CITY-ST-ZIP	<b>PALM BEACH, FL 00000</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<del>O'CONNOR, MARY</del>
STREET ADDRESS	<b>4001 S OCEAN BLVD</b>
CITY-ST-ZIP	<b>PALM BCH, FL 00000</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>D JACKSON, JACK</b>
13 STREET ADDRESS	<b>4001 S OCEAN BLVD</b>
14 CITY-ST-ZIP	<b>PALM BEACH, FL</b>
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<del>XXXXXXXXXXXXXXXXXXXX</del>
23 STREET ADDRESS	<del>XXXXXXXXXXXXXXXXXXXX</del>
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>S/VP LAWLER, IDA</b>
33 STREET ADDRESS	<b>4001 S OCEAN BLVD</b>
34 CITY-ST-ZIP	<b>PALM BEACH, FL</b>
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>P NIMROD, JOHN</b>
43 STREET ADDRESS	<b>4001 S OCEAN BLVD</b>
44 CITY-ST-ZIP	<b>PALM BEACH, FL</b>
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<b>D BRADLEY, KATHLEEN</b>
63 STREET ADDRESS	<b>4001 S OCEAN BLVD</b>
64 CITY-ST-ZIP	<b>PALM BEACH, FL</b>

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ita M Lawler* 4/25/96 (407) 582-1736

CR2E034 (12/95)