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PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

May 20 1997 8:00am

Secretary of State

DOCUMENT # 215101

(7)

TROPICAL BAY INC

			:					
Principal Place of Business Mailing Address							481) WISH WISH SISH SISH	
5701 SW 13TH STREET PLANTATION FL 33317		5701 SW 13TH STREET PLANTATION FL 33317-5335						
						3. Date Incorporated or Qualified 08/30/1958	3a. Date of Last F 03/29/1996	Report
2. Principal Pla	ace of Business	2a. Mailing Addres	s			4. FEI Number		oplied For
21		Suite, Apt, #, etc.				59-6068357 Not Applicable \$8.75 Additional		
Suite, Apt. #, etc.		27	27			5. Cortificate of Status Desired	1 +	equired
City & State		City & State	<u> </u>					May Be
23	Country	710		ountry		Trust Fund Contribution		to Fees
Zip 24	Country Zip 25 29		·	30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
24]	9. Name and Address of Curren		1301			10. Name and Address of New Registered Agent		
FRAI	NZEN,R A			81	Name			
34 RIO VISTA DR				82	Street Add	ress (P.O. Box Number is Not Acceptab	<u>e)</u>	
	ART FL 34996			5 Street Address (F.O. Box Number is Not Addeptable)				
				83				
			:	84	City		FL 85 Zip	Code
SIGNATURE .			!			poration submits this statement for the pi tion's board of directors. I hereby accep	urpose of changing the appointment as	its registered s registered
12.	Signature typod or printed name of registered ago OF LOS DS ANI	D DIRECTORS	(NOTE: Hegisic	·	ent signature requ	red when reinstating) ADDITIONS/CHANGES TO OFFIC		BS IN 12
TITLE	PD	DELI		11116	····	7,001101010101111010110	☐ Change	Addition
NAME	FRANZEN, B. A.	_		NAME			-	
STREET ADDRESS	5701 SW 13TH STREET				ADDRESS			
CITY-ST-ZIP	PLANTATION FL		1,4	(II) Y - 8	ST - ZIP			
TITLE	VD	DELI	TE 2	TITLE			Change	Addition
NAME	FRANZEN, DIRK G.		2	NAME				
STREET ADDRESS	75 SADDLEBROOK DR		2	2 BISTHEET ADDRESS				
CITY-ST-ZIP	JACKSON TN			2 4 CITY-ST-ZIP			<u> </u>	T Lagran
TITLE	SD Franzen,r a	DELI		INLE			L. Change	Addition
NAME	34 RIO VISTA DR			NAME	4000000			
STREET ADDRESS	STAURT FL				ADDRESS	0.00		
CITY-ST-ZIP TITLE	OTHOR! TE	DELC		I. CITY- I TITLE	S1-ZIP		Change	Addition
NAME		<u></u>		2 NAME				
STREET ADORESS					ADDRESS			
CITY-ST-ZIP				CITY-5				
TITLE		DEL!		TITLE			☐ Change	☐ Addition
NAME			5	NAME				
STREET ADDRESS			5	STREE	ADDRESS			
CITY-ST-ZIP				CITY-	ST-ZIP		··· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ··	
TITLE		☐ DEL	ETE 6	TITLE			Change	Addition
NAME				P NAME				
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP	and it, that the information are the	d with this films doc-		1 CITY-		d in Section 119.07(3)(i), Florida Statute	Lifurdhar continuitha	ot the
i nf ormatio I a m an of	o indicated on this annual report or s	supplemental annual rep r the receiver or trusted	oorLis true ari empowered (d acc	urate and tha	ort as required by Chapter 607, Florida Statute ort as required by Chapter 607, Florida S	l effect as il made u	nder oath; that [