

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1996 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # 185075 (9)

1. Corporation Name

TROPIC-SOUTH INC

Principal Place of Business

Mailing Address

162 CLUB COURSE DR  
HILTON HEAD ISLAND SC 29928

162 CLUB COURSE DR  
HILTON HEAD ISLAND SC 29928



|                                |         |                     |         |   |  |
|--------------------------------|---------|---------------------|---------|---|--|
| 2. Principal Place of Business |         | 2a. Mailing Address |         | 3. Date Incorporated or Qualified<br>05/09/1955   | 3a. Date of Last Report<br>07/24/1995                  |
| 21                             |         | 26                  |         | 4. FEI Number<br>59-6068354   | Applied For<br><input type="checkbox"/> Not Applicable |
| Suite, Apt. #, etc             |         | Suite, Apt. #, etc  |         | 5. Certificate of Status Desired <input checked="" type="checkbox"/>  | \$8.75 Additional<br>Fee Required                      |
| 22                             |         | 27                  |         | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  | \$5.00 May Be<br>Added to Fees                         |
| City & State                   |         | City & State        |         | 8. This corporation has liability for intangible tax under s. 199.032,<br>Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 23                             |         | 28                  |         |   |  |
| Zip                            | Country | Zip                 | Country |   |  |
| 24                             |         | 29                  |         |   |  |

9. Name and Address of Current Registered Agent

CHRISTIN, NICHOLAS E  
2655 LEJUNE RD  
STE 1101  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

|    |  |
|----|--|
| 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 the if applicable

(NOTE: Registered Agent signature required when reinstating)

Date

| 12. OFFICERS AND DIRECTORS |                                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--------------------------------------|---|---|
| TITLE                      | PD                                   | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GERMAIN, CRAIG                       | 1.2 NAME  |   |
| STREET ADDRESS             | 162 CLUB COURSE DR 25 Spanish Pointe | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | HILTON HEAD SC 29926                 | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                                      | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                      | 2.2 NAME  |   |
| STREET ADDRESS             |                                      | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                                      | 2.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                                      | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                      | 3.2 NAME  |   |
| STREET ADDRESS             |                                      | 3.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                                      | 3.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                                      | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                      | 4.2 NAME  |   |
| STREET ADDRESS             |                                      | 4.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                                      | 4.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                                      | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                      | 5.2 NAME  |   |
| STREET ADDRESS             |                                      | 5.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                                      | 5.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                                      | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                      | 6.2 NAME  |   |
| STREET ADDRESS             |                                      | 6.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                                      | 6.4 CITY - ST - ZIP                                   |   |

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Craig Germain, Pres*

6/26/96

803

342-2377

Daytime Phone #

CR2E034 (3/96)