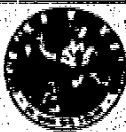


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

4001 S OCEAN BLVD
PALM BEACH FL 33480

Mailing Address

4001 S OCEAN BLVD
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

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. 119.032,
Florida Statutes ☐ Yes ☒ No

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. VP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VP
NAME	CORSALE, KATHERINE
STREET ADDRESS	4001 S OCEAN BLVD
CITY - ST - ZIP	PALM BCH, FL 00000
TITLE	T
NAME	KOROUN, CHARLES
STREET ADDRESS	4001 S OCEAN BLVD
CITY - ST - ZIP	PALM BEACH, FL 00000
TITLE	S
NAME	METHERELL, CARY
STREET ADDRESS	4001 S OCEAN BLVD
CITY - ST - ZIP	PALM BEACH, FL 00000
TITLE	P
NAME	MINYON, NANCY
STREET ADDRESS	4001 S OCEAN BLVD
CITY - ST - ZIP	PALM BCH, FL 00000
TITLE	D
NAME	SCOTT, MARY
STREET ADDRESS	4001 S OCEAN BLVD
CITY - ST - ZIP	PALM BEACH, FL 00000
TITLE	D
NAME	O'CONNER, MARY
STREET ADDRESS	4001 S OCEAN BLVD
CITY - ST - ZIP	PALM BCH, FL 00000

1.1 TITLE	VP
1.2 NAME	JACK JACKSON
1.3 STREET ADDRESS	4001 S. OCEAN BLVD
1.4 CITY - ST - ZIP	PALM BEACH, FL 33480
2.1 TITLE	
2.2 NAME	RICHARD BERGER
2.3 STREET ADDRESS	4001 S OCEAN BLVD
2.4 CITY - ST - ZIP	PALM BEACH FL 33480
3.1 TITLE	
3.2 NAME	IDA LAWLER
3.3 STREET ADDRESS	4001 S. OCEAN BLVD
3.4 CITY - ST - ZIP	PALM BEACH FL 33480
4.1 TITLE	
4.2 NAME	DOROTHY MILLER
4.3 STREET ADDRESS	4001 S. OCEAN BLVD
4.4 CITY - ST - ZIP	PALM BEACH FL 33480
5.1 TITLE	
5.2 NAME	MARY ANN MALM
5.3 STREET ADDRESS	4001 S. OCEAN BLVD
5.4 CITY - ST - ZIP	PALM BEACH, FL 33480
6.1 TITLE	
6.2 NAME	MARY O'CONNER
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 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 addendum.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #