

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90046 009 \*\*\*150.00

DOCUMENT # 217297

1. Corporation Name

TROPICANA GARDENS, INC.

Principal Place of Business

4001 SO. OCEAN BLVD.  
SO PALM BEACH FL 33480

Mailing Address

4001 SO. OCEAN BLVD.  
SO PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/26/1958

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

GERRISH, RICHARD H  
2994 JOG RD.  
SUITE B  
GREEN ACRES FL 33467

10. Name and Address of New Registered Agent

81. Name

Edward Dicker

82. Street Address (P.O. Box Number is Not Acceptable)

500 Australian Art South

83. Suite 600

84. City West palm Beach 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: Ed Dicker  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/1/99  
DATE

12. OFFICERS AND DIRECTORS

TITLE	PO	<input type="checkbox"/> DELETE
NAME	BRANDT, RICHARD	
STREET ADDRESS	4001 S. OCEAN BLVD #216	
CITY-ST-ZIP	SPB FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MILLER, DOROTHY	
STREET ADDRESS	4001 S. OCEAN BLVD, #313	
CITY-ST-ZIP	SPB FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BERGER, RICHARD	
STREET ADDRESS	4001 S OCEAN BLVD #314	
CITY-ST-ZIP	S. PALM BEACH FL 33480	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MCKENNA, MARIANNE	
STREET ADDRESS	4001 S. OCEAN BLVD #201	
CITY-ST-ZIP	S. PALM BEACH FL 33480	
TITLE	D	<input type="checkbox"/> DELETE
NAME	METHERELL, CARY	
STREET ADDRESS	4001 S OCEAN BLVD #214	
CITY-ST-ZIP	S. PALM BEACH FL 33480	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRADLEY, KATHLEEN	
STREET ADDRESS	4001 S. OCEAN BLVD. #205	
CITY-ST-ZIP	S. PALM BEACH FL 33480	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: Dorothy A. Miller V.P. 4/27/99 561-641-2074  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)