

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 255203 (2)
1. Corporation Name
TROPICAIR APARTMENTS, INC.



Principal Place of Business: 2344 N E 12TH ST, POMPANO BEACH FL 33062
Mailing Address: 2344 N E 12TH ST, POMPANO BEACH FL 33062

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		01/22/1962	03/17/1995
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number	Applied For / Not Applicable
23. City & State		28. City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
24. Zip		29. Zip		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25. Country		30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
HUGHES, KENNETH 2344 N.E. 12TH ST. POMPANO BCH. FL. 33062				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: _____ (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	AP	<input type="checkbox"/> DELETE		1. TITLE	AP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCILVAINE, HELEN			2. NAME	Aragona, Basil		
STREET ADDRESS	2344 NE 12TH ST			13. STREET ADDRESS	2344 N.E. 12th St. #12		
CITY-ST-ZIP	POMPANO BCH, FL 00000			14. CITY-ST-ZIP	Pompano Beach, FL 33062		
TITLE	V	<input type="checkbox"/> DELETE		2. TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ARAGONA, BASIL			22. NAME	McIlvaine, Helen		
STREET ADDRESS	2344 NE 12TH STREET			23. STREET ADDRESS	2344 N.E. 12th St. #1		
CITY-ST-ZIP	POMPANO BCH, FL 00000			24. CITY-ST-ZIP	Pompano Beach, FL 33062		
TITLE	S	<input type="checkbox"/> DELETE		3. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRANCEM, EMMA			32. NAME			
STREET ADDRESS	2344 NE 12TH ST			33. STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL			34. CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUGHES, KENNETH			42. NAME			
STREET ADDRESS	2344 NE 12TH ST			43. STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL			44. CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHISULO, LEONARD			52. NAME			
STREET ADDRESS	2344 NE 12TH ST			53. STREET ADDRESS			
CITY-ST-ZIP	POMPANO BCH FL			54. CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				62. NAME			
STREET ADDRESS				63. STREET ADDRESS			
CITY-ST-ZIP				64. 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Basil Aragona 3/28/96 954-942-3548
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E034 (12/95) 4-2-96