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Mar 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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 33062-3751**

3. Date incorporated or Qualified: **01/22/1962**

3a. Date of Last Report: **04/02/1996**

4. FEI Number: **59-1032763**

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. 199.032, Florida Statutes: Yes No

2. Principal Place of Business

21. State, Apt. #, etc.

22. City & State

23. Zip Country

24. 25.

2a. Mailing Address

26. State, Apt. #, etc.

27. City & State

28. Zip Country

29. 30.

9. Name and Address of Current Registered Agent

HUGHES, KENNETH
2344 N.E. 12TH ST.
POMPANO BCH. FL. FL 33062

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

85. Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0102 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 _____ DATE _____

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCILVAINE, HELEN	1.2 NAME	
STREET ADDRESS	2344 NE 12TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL 33062	1.4 CITY-ST-ZIP	
TITLE	AP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARAGONA, BASIL	2.2 NAME	
STREET ADDRESS	2344 NE 12TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL 33062	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCEM, EMMA	3.2 NAME	
STREET ADDRESS	2344 NE 12TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, KENNETH	4.2 NAME	
STREET ADDRESS	2344 NE 12TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHISULO, LEONARD	5.2 NAME	
STREET ADDRESS	2344 NE 12TH ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL	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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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: *Kenneth C Hughes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone # _____

CRSE034 (9/96)