

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

FILED

**May 19 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/22/1962	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1032763	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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		84	City	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)					
83						
			FL			

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 _____ DATE _____
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V MCILVAINE, HELEN	1.2 NAME	P McIlvaine, Helen
STREET ADDRESS	2344 NE 12TH ST	1.3 STREET ADDRESS	2344 NE 12th St
CITY-ST-ZIP	POMPANO BCH FL 33062	1.4 CITY-ST-ZIP	Pompano Beh. FL 33062 Apt. #1
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AP ARAGONA, BASIL	2.2 NAME	T Looney, Michael
STREET ADDRESS	2344 NE 12TH STREET	2.3 STREET ADDRESS	2344 NE 12th St.
CITY-ST-ZIP	POMPANO BCH FL 33062	2.4 CITY-ST-ZIP	Pompano Beh. FL 33062 Apt. #D
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S FRANCEM, EMMA	3.2 NAME	S Francem, Emma
STREET ADDRESS	2344 NE 12TH ST	3.3 STREET ADDRESS	2344 NE 12th St.
CITY-ST-ZIP	POMPANO BEACH FL	3.4 CITY-ST-ZIP	Pompano Beh. FL 33062 Apt. #K
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T HUGHES, KENNETH	4.2 NAME	VP Hughes, Kenneth
STREET ADDRESS	2344 NE 12TH ST	4.3 STREET ADDRESS	2344 NE 12th St.
CITY-ST-ZIP	POMPANO BEACH FL	4.4 CITY-ST-ZIP	Pompano Beh. FL 33062 Apt. #E
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V CHISULO, LEONARD	5.2 NAME	Sauter, Nora
STREET ADDRESS	2344 NE 12TH ST	5.3 STREET ADDRESS	2344 NE 12th St.
CITY-ST-ZIP	POMPANO BCH FL	5.4 CITY-ST-ZIP	Pompano Beh. FL 33062 Apt. #14
TITLE	<input type="checkbox"/> DELETE	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 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.

SIGNATURE *Kenneth B. Hughes* **Kenneth Hughes** 954-781-1139

CR2E034 (10/97)