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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 255203

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/22/1962	
21		26		4. FEI Number 59-1032763	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input 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. FL 33062				81	Name			Looney, Gerald	
				82	Street Address (P.O. Box Number is Not Acceptable)			2344 N.E. 12th St.	
				83	City			Pompano Bch., FL	33062
				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 agree to the obligations of Section 607.0505, Florida Statutes.

SIGNATURE Gerald Looney DATE March 11, 1999

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCILVAINE, HELEN	1.2 NAME	Looney, Michael
STREET ADDRESS	2344 NE 12TH ST	1.3 STREET ADDRESS	1120 S.E. 22nd Ave.
CITY-ST-ZIP	POMPANO BCH FL 33062	1.4 CITY-ST-ZIP	Pompano Bch. FL 33062
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOONEY, M	2.2 NAME	Looney, Gerald
STREET ADDRESS	2344 NE 12TH STREET	2.3 STREET ADDRESS	2344 N.E. 12th ST
CITY-ST-ZIP	POMPANO BCH FL 33062	2.4 CITY-ST-ZIP	Pompano BCH. FL 33062
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	S <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCEM, EMMA	3.2 NAME	Francem, Emma
STREET ADDRESS	2344 NE 12TH ST	3.3 STREET ADDRESS	2344 N.E. 12th ST
CITY-ST-ZIP	POMPANO BEACH FL	3.4 CITY-ST-ZIP	Pompano BCH. FL 33062
TITLE	VP <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, KENNETH	4.2 NAME	McIlvaine, Helen
STREET ADDRESS	2344 NE 12TH ST	4.3 STREET ADDRESS	2344 N.E. 12th ST
CITY-ST-ZIP	POMPANO BEACH FL	4.4 CITY-ST-ZIP	Pompano BCH. FL 33062
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAUTER, N	5.2 NAME	Benson, Delbert
STREET ADDRESS	2344 NE 12TH ST	5.3 STREET ADDRESS	2344 N. E. 12th ST
CITY-ST-ZIP	POMPANO BCH FL	5.4 CITY-ST-ZIP	Pompano BCH. FL 33062
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, with all other like empowered.

SIGNATURE: Gerald Looney DATE 3-11-99 DAYTIME PHONE # 954 255 9390

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)