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Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90064 019 \*\*\*150.00

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| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # 328168

1. Corporation Name

TROPICAL MARINE CENTER INC

Principal Place of Business

CRANE BLVD SUGARLOAF  
936 CRANE BLVD  
SUMMERLAND KEY FL 33042  
US

Mailing Address

CRAN BLVD SUGARLOAF  
936 CRANE BLVD  
SUGARLOAF KEY FL 33042  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/28/1968

2. Principal Place of Business

21 CRANE BLVD SUGARLOAF

Suite, Apt. #, etc.

22 936 CRANE BLVD

City & State

23 SUGARLOAF KEY, FL

Zip Country

24 33042 25 FL

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4. FEI Number

59-1207943

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$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

JONES, TIMOTHY A  
936 CRANE BOULEVARD  
SUMMERLAND KEY, FL  
SUGARLOAF KEY FL 33042

10. Name and Address of New Registered Agent

81 Name

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

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VS  
NAME JONES, SIDNEY C  
STREET ADDRESS 936 CRANE BLVD  
CITY-ST-ZIP SUGARLOAF KEY FL

TITLE PT  
NAME JONES, TIMOTHY A  
STREET ADDRESS 936 CRANE BLVD  
CITY-ST-ZIP SUGARLOAF KEY FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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:

Timothy A Jones

1-11-99

305-745-3663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)