

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Aug 12 1998 8:00am  
Secretary of State

DOCUMENT # 328209

(2)

1. Corporation Name  
TROPICARE FLEA MARKET, INC.



Principal Place of Business  
10780 SW 62 TERR  
MIAMI FL 33173  
US

Mailing Address  
10780 SW 62 TERR  
MIAMI FL 33173  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
03/29/1968

4. FEI Number  
59-1208537

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fees Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLER, JAMES A, SR  
10780 SW 62 TERR  
MIAMI FL 33173

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD  
NAME MILLER, SHIRLEY HELEN  
STREET ADDRESS 10780 S W 62 TERR  
CITY-ST-ZIP MIAMI, FL 00000

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

TITLE PD  
NAME MILLER, J A, SR  
STREET ADDRESS 10780 S W 62 TERR  
CITY-ST-ZIP MIAMI, FL 00000

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

TITLE VD  
NAME MILLER, JAYME S.  
STREET ADDRESS 10780 SW 62 TERR  
CITY-ST-ZIP MIAMI FL

3.1 TITLE V.O  
3.2 NAME Conway Jayme S  
3.3 STREET ADDRESS 2220 16th ST NE Naples FL 34120  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE V.O  
4.2 NAME James Miller Jr  
4.3 STREET ADDRESS 442 So. Hansell St  
4.4 CITY-ST-ZIP Thomasville GA 31792

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
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.

SIGNATURE:

*J Miller*

7-17-98

305 274 4312

CR2E034 (5/98)