FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -9 AM 10:20

DOCUMENT # 358400 (0)

1. Corporation Name
TROPICAL SITES, INC.

Principal Place of Business	Mailing Address
322 PLANT AVENUE TAMPA FL 33606	322 PLANT AVENUE TAMPA FL 33606

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/20/1970
3a. Date of Last Report: 04/06/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
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Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 59-1310828 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

WILLIAMS, GLADYS A.
322 PLANT AVE
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name: Darcie L. Maldonado
82 Street Address (P.O. Box Number is Not Acceptable): 322 Plant Avenue
83
84 City: Tampa FL 85 Zip Code: 33606

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: Darcie L. Maldonado, Darcie L. Maldonado Sec. Treas. 2-3-95
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	PD	1.1 TITLE	ST/D	☒ Change ☐ Addition
NAME	SIMONS, JEROME A.	1.2 NAME	Darcie L. Maldonado	
STREET ADDRESS	4601 SHERIDAN ST. #500	1.3 STREET ADDRESS	322 Plant Avenue	
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	Tampa, FL 33606	
TITLE	STD	2.1 TITLE	V/D	☐ Change ☒ Addition
NAME	WILLIAMS,GLADYS A.	2.2 NAME	David J. Simons	
STREET ADDRESS	322 PLANT AVE.	2.3 STREET ADDRESS	4601 Sheridan St #500	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Hollywood, FL 33021	
TITLE	VD	3.1 TITLE	S	☐ Change ☒ Addition
NAME	SIMONS, ROBERT S.	3.2 NAME	Bonnie G. Cohen	
STREET ADDRESS	1551 GRACE LAKE CIRCLE	3.3 STREET ADDRESS	5707 Darnell	
CITY-ST-ZIP	LONGWOOD FL	3.4 CITY-ST-ZIP	Houston, Tx 77096	
TITLE		4.1 TITLE	D	☐ Change ☒ Addition
NAME		4.2 NAME	Leonard Simons	
STREET ADDRESS		4.3 STREET ADDRESS	4601 Sheridan St #500	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Hollywood, FL 33021	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and 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: Darcie L. Maldonado Darcie L. Maldonado 2-3-95 (813)251-6588
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0201871 CP