FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: **01/20/1970**
3a. Date of Last Report: **02/09/1995**

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

2. Principal Place of Business
21: 4556 S. Manhattan Ave
22: Suite D
23: Tampa, FL
24: 33611 25: Country: Hills

2a. Mailing Address
26: P.O. Box 13726
27: Suite, Apt. #, etc.:
28: Tampa, FL
29: 33681 30: Country: Hills

9. Name and Address of Current Registered Agent

MALDONADO, DARCIE. L
322 PLANT AVENUE
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): 4556 S. Manhattan Ave
83: Suite D
84 City: Tampa **FL** 85 Zip Code: 33611

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 (Registered Agent signature required when reinstating) — 2-9-96 DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD MALDONALDO, DARCIE L ~~322 PLANT AVENUE~~ ~~TAMPA FL~~	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	Vice President/Director Gladys A. Williams 4335 Aegean Dr. #136A Tampa FL 33611	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD WILLIAMS,GLADYS A. 322 PLANT AVE. TAMPA FL	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	Secretary/Treasurer Director Darcie L. Maldonado ~~322 PLANT AVE~~ 4556 S. Manhattan, D Tampa, FL 33611	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SIMONS, ROBERT S. 1551 GRACE LAKE CIRCLE LONGWOOD FL	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SIMONS, DAVID J 4601 SHERIDAN ST #500 HOLLYWOOD FL	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S COHEN, BONNIE G 5707 DARNELL HOUSTON TX	☒ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIMONS, LEONARD 4601 SHERIDAN ST #500 HOLLYWOOD FL	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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 — 2-9-96 — (813)831-8811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #