

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **358400** (0)
1. Corporation Name
TROPICAL SITES, INC.

Principal Place of Business
**4556 S MANHATTAN AVE
SUITE D
TAMPA FL 33611
US**

Mailing Address
**P.O. BOX 13726
TAMPA FL 33681
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/20/1970	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1310828	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MALDONADO, DARCIE L. 4556 S. MANHATTAN AVE. SUITE D TAMPA FL 33611		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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 *Darcie L. Maldonado* **Darcie L. Maldonado** **2/10/98**
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	STD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALDONADO, DARCIE L.	1.2 NAME	
STREET ADDRESS	4556 S. MANHATTAN	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, GLADYS A	2.2 NAME	
STREET ADDRESS	4335 AEGEAN DR. #136A	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIMONS, ROBERT S.	3.2 NAME	Barbara M. Simons
STREET ADDRESS	1551 GRACE LAKE CIRCLE	3.3 STREET ADDRESS	1551 Grace Lake Circle
CITY-ST-ZIP	LONGWOOD FL	3.4 CITY-ST-ZIP	Longwood, FL
TITLE	VD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMONS, DAVID J	4.2 NAME	David J. Simons
STREET ADDRESS	4601 SHERIDAN ST #500	4.3 STREET ADDRESS	3864 Sheridan St.
CITY-ST-ZIP	HOLLYWOOD FL	4.4 CITY-ST-ZIP	Hollywood, FL
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMONS, LEONARD	5.2 NAME	Leonard Simons
STREET ADDRESS	4601 SHERIDAN ST #500	5.3 STREET ADDRESS	3864 Sheridan St.
CITY-ST-ZIP	HOLLYWOOD FL	5.4 CITY-ST-ZIP	Hollywood, FL
TITLE	PD	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMONS, JEROME	6.2 NAME	Jerome Simons
STREET ADDRESS	3864 SHERIDAN ST.	6.3 STREET ADDRESS	3864 Sheridan St.
CITY-ST-ZIP	HOLLYWOOD FL	6.4 CITY-ST-ZIP	Hollywood, FL

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 *Darcie L. Maldonado* **Darcie L. Maldonado** **2/10/98 (812) 831-8811**

CR2E034 (10/97)