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PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 423027

(2)

TROPIC SUPPLY, INC.

-

Principal Place of Business

Mailing Address

FILED Feb 09 1998 8:00am Secretary of State



| 1 | | | | | | f | | | |
|---|---|-------------------------------|------------------|------------|-------------------------|---|-------------|----------------|-----|
| 151 N.E. 179 | | 151 N.E. 179 STREET | | | | | | | |
| MIAMI FL 33 | 162 | MIAMI FL 33162 | | | | DO NOT WRITE IN T | HIS SPACE | | |
| | | | | | | 3. Date Incorporated or Qualified | | | Π̈ |
|) | | | | | | 04/07/1973 | | | |
| 2. Principal Place of Business 2a. Mailing Address | | | | | | 4. FEI Number | | Applied For | - |
| 21 | lace of Educatess | 26 | | | | 59-1452203 | | Not Applicable | Η. |
| Suite, Apt, | # etc | Suite, Apt, #, etc. | | | | | | Additional | 4 |
| 122) | | 27 | | | | 5. Certificate of Status Desired | | Required | - |
| City & Stat | le | City & State | | | | 6. Election Campaign Financing | | | ┨ |
| 23 | | 28 | | | | Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | | 1 |
| Zip Country | | | Zip Country | | | 8. This corporation owes or has paid the | | | ┪. |
| 24 | 25 29 30 | | | | | Personal Property Tax due June 30. | Yes | □ No | 1 |
| 241 | 9. Name and Address of Curren | <u> </u> | 1001 | Ţ | | 10. Name and Address of New Register | | | ┥ |
| DE | | | | 81 [| Name | | | | 7 |
| | L VECCHIO (CHARLES F.) | | <u> </u> | | | | | | |
| 1 | 1 NE 179 STREET | | 82 Street Add | | | ss (P.O. Box Number is Not Acceptable) | | | ļ |
| M | AMI FL 33162 | | | 83 | | | | | - |
| ł | | | | 63 | | | | | 1 |
| | | | | 84 | City | | 85 Zi | p Code | 1 |
| 11. Pursuant | to the provisions of Sections 607 0503 | 2 and 607 1508 Florida Statu | tes the a | hove-n | amed corpo | | | its registered | 4 |
| 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. | | | | | | | | | |
| agent. I a | im familiar with, and accept the obliga | tions of, Section 607,0505, F | iorida Sta | tutes. | | | | | l |
| SIGNATURE | Signature, typed or printed name of registered ager | wand title if applicable (NO | TE Pagiatara | d Acont 6 | elanatura reculand | S when reinstating) DA1 | = | | 1. |
| 12. | OFFICERS AND | | 13. | a regain o | organization recipients | ADDITIONS/CHANGES TO OFFICERS | - | DRS IN 12 | 1 |
| TITLE | PD | DELETE | 7.7 70 | TLE | | | Change | Addition | -12 |
| NAME | DEL VECCHIO, CHARLES F | | 1.2 N | AME | Ì | | | _ | |
| STREET ADDRESS | 1330 NE 103 STREET | | | TREET ADI | opece | | | | 600 |
| , | MIAMI SHORES FL | | | | i i | | | | |
| CITY-ST-ZIP TITLE | D MINIMI SHORES PL | DELETE | 2.1 11 | TY-ST-Z | 112 | | Change | Addition | -15 |
| | _ | | - 8 | | | | oneng | , <u> </u> | 1 |
| NAME | DEL VECCHIO, MARY GAIL | | 2.2 N | | } | | | | 1 |
| STREET ADDRESS | 1330 NE 103 STREET | | | rreet adi | | | | | 1 |
| CITY-ST-ZIP | MIAMI SHUHES FL | | | 1TY-\$1-2 | ZIP | | | 11.55 | 4 |
| TITLE | | DELETE | 3.1 11 | | | | Change | Addition | |
| NAME | | | 3.2 N | - | [| | | | } |
| STREET ADDRESS | | | 3.3 \$1 | REET AD! | DRESS | | | | 1 |
| CITY-ST-ZIP | <u> </u> | | 3.4. C | ITY-ST-Z | 219 | | | | _ |
| TITLE | | DELETE | 4.1][| TLE | | | Change | Addition | |
| NAME | | | 4. 2 N | AME | | | | | 1 |
| STREET ADDRESS | | | 4.3 57 | TREET AD | ORESS | | | | |
| CITY-ST-ZIP | | | 4.4 CI | TY-ST-Z | (IP | | | | |
| TITLE | | DELETE | 5.1 7 | | | | Change | Addition | 1 |
| NAME | | _ | 5.2 NA | | | | • | | |
| STREET ADDRESS | | | 1 | REET ADO | DRESS | | | | 1 |
| | | | | | 1 | | | | |
| CITY-ST-ZIP | | DELETE | 5.4 CI 6.1 TI | TY-ST-Z | 4F | | Change | Addition | 1 |
| | | T vente | | 6.2 NAME | | | ت ماسان | | ı |
| NAME | | | ■ 62 NA | UYIC | t | | | | 1 |

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 gryfan attachment with an address.

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS

THE AND TYPED OF PRINTED MANE OF SIGNING OFFICER OR DIRECTOR

1-30-98

305-652-7717

Daytime Phone # 0226219