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CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **461019** **(2)**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 AM 10:28

1. Corporation Name
TROPIC DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
607 VELARDE AVENUE CORAL GABLES FLORIDA 33134	607 VELARDE AVENUE CORAL GABLES FLORIDA 33134

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/12/1974
3a. Date of Last Report: 02/22/1994

2. Principal Place of Business	2a. Mailing Address
21 411 Alhambra Circle	26 411 Alhambra Circle
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Coral Gables, FL 33134	28 Coral Gables, FL 33134
24 Zip / 25 Country	29 Zip / 30 Country

4. FEI Number: 59-2060871 ☐ 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	10. Name and Address of New Registered Agent
MUDD, JOHN 607 VELARDE AVE. CORAL GABLES FLORIDA 33134	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 411 Alhambra Circle 83 84 City: Coral Gables **FL** 85 Zip Code: 33134

11. Pursuant to the provisions of Section 607.0502 and 607.0505, 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: John Mudd DATE: 3/30/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	11 TITLE	☒ Change ☐ Addition
NAME	MUDD, BARBARA	12 NAME	
STREET ADDRESS	607 VELARDE AVE.	13 STREET ADDRESS	411 Alhambra Circle
CITY ST ZIP	CORAL GABLES, FL 00000	14 CITY ST ZIP	Coral Gables, FL 33134
TITLE	PD	21 TITLE	☒ Change ☐ Addition
NAME	MUDD, JOHN	22 NAME	
STREET ADDRESS	607 VELARDE AVE.	23 STREET ADDRESS	411 Alhambra Circle
CITY ST ZIP	CORAL GABLES, FL 00000	24 CITY ST ZIP	Coral Gables, FL 33134
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is true, complete and accurate; is executed in accordance with Section 607.0120, Florida Statutes; and that my electronic 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: John Mudd, President/Director 3/30/95 (305)383-7400
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0139036 CP