

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90101 005 ***150.00

DOCUMENT # 461019

1. Corporation Name

TROPIC DEVELOPMENT CORPORATION

Principal Place of Business

411 ALHAMBRA CIRCLE
CORAL GABLES FLORIDA 33134
US

Mailing Address

411 ALHAMBRA CIRCLE
CORAL GABLES FLORIDA 33134
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/12/1974

4. FEI Number

59-2060871

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes ☒ No

2. Principal Place of Business

607 Velarde Avenue

Suite, Apt. #, etc.

City & State
Coral Gables, Florida

Zip

Country

33134

25

USA

2a. Mailing Address

607 Velarde Avenue

Suite, Apt. #, etc.

City & State
Coral Gables, Florida

Zip

Country

33134

30

USA

9. Name and Address of Current Registered Agent

MUDD, JOHN
411 ALHAMBRA CIRCLE
CORAL GABLES FLORIDA 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
607 Velarde Avenue

83

84 City
Coral Gables

FL

85

Zip Code
33134

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

SD

☐ DELETE

NAME

MUDD, BARBARA

STREET ADDRESS

411 ALHAMBRA CIRCLE
CORAL GABLES, FL 00000

CITY-ST-ZIP

TITLE

PD

☐ DELETE

NAME

MUDD, JOHN

STREET ADDRESS

411 ALHAMBRA CIRCLE
CORAL GABLES, FL 00000

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

607 Velarde Avenue
Coral Gables, Florida 33134

1.4 CITY-ST-ZIP

2.1 TITLE

☒ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

607 Velarde Avenue
Coral Gables, Florida 33134

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 redever of 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, with all other like empowered.

SIGNATURE:

John Mudd

January 7, 1999 (305) 221-1900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)