TROPIC CRAFT, INC.  OU FEB 16 PH 1: 4, 1  Principal Place of Business  Mailing Address  SECRETARY OF STATE	DOCUMENT # 565109  1. Entity Name									ĖĬ	f=r	
Amening Address  CALA R. 12871-7111  CAL R. 12871-711  CAL R. 12871-7111  CAL R. 12871-711-711-711-711-711-711-711-71-71-71-							FILED					
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2. Principal Place of Business  Suite, Apt. 4, etc.  Suite, Apt. 4, etc.  Cry & State  Cry & Sta	Principal Place of Business Mailing Address											
Suite, Apt. #. etc.    Suite, Apt. #. etc.   Suite   City & State   City & State   A. FEI Number 59-1784459   Applied For Numb	1251 SOUTH PINE AVENUE CCALA FL 32671-7111		2665 SOUTH BAYSHORE DR., STE. 800				A.	<b>&gt;</b>	SEC! TALLA	RETARY HASSEE	OF STATE, FLORIL	E DA
Ety & State  City & State  Cit	2. Principal P	lace of Business	3. Mailing Address									
Name and Address of Current Registered Agent   Steel Address of New Registered Agent   Name   C. Control   Steel Address of New Registered Agent   Name   C. Control   Steel Address of New Registered Agent   Name   C. Control	Suite, Apt. #, etc.		Suite, Apt. #, etc.					[	OO NOT WRITE	IN THIS S	PACE	
Country   Zip   Country   S. Certificate of Status Desired   Se. 75 Additional Fee Requision   Sec. 75 Additional Fee Requisional Fee Requisional Fee Requisional Fee Requisional Fee Requisional Fee Regulators   Sec. 75 Additional Fee Regulators   Sec. 75 Addi	City & State		City & State				4. FEI Nu	ımber 5	9-1784459			<del></del>
6. Name and Address of New Registered Agent    Name	Zip	Country	Zip Countr		try		5. Certific	cate of Sta	tus Desired		\$8.75 Add	ditional
Name		6. Name and Address of Current I	Registered Agent	1	Ι		7. Name	and Addre	ess of New Re		<del>`</del>	·
SIGNATURE  Signature to the purpose of changing its registered agent. or both, in the State of Florida.  SIGNATURE  Signature to improve agent of the purpose of changing its registered office or registered agent. or both, in the State of Florida.  SIGNATURE  Signature to improve agent ag					Name	mr	10.	0	Call	Pin	<u> </u>	
268 S SOUTH BAYSHORE DR, STE. 800  MIAMI FL 33133  City					Street Ad			imber is Ne	oi Aeceeta <u>e</u> le).		242	4
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent. or both, in the State of Florida.					City				<u> </u>			<del> </del>
SIGNATURE   Main C Cally Septence by byth a primal name of migrated agent and the factorists. (NOTE Pagingered Agent Eighauts required when verticated)  9. This corporation is eligible to satisfy its Initiangible Tax Hilling requirement and elects to do so.   After MAY 1, 2000 Fee will be \$55,000 Marker MAY 2, 2000 Fee will be \$55,000 Marker MAY 2, 2000 Fee will be \$50,000 Marker MAY 2, 2000 Fee will be \$					<u></u>						1	<u></u>
SIGNATURE  9. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so.    Make Check Payable to Department of State   Make Check Payable to Department of State   Debide	8. The above	named entity submits this statement for	r the purpose of changing it	s register	ed office or i	registered	agent, o	r both, in th	ne State of Flori		,	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)   After MAY 1, 2000 Fee will be \$550.00   Trust Fund Contribution.   \$5.00 May Be Added to Fees Will be \$550.00   After MAY 1, 2000 Fee will be \$550.00   Trust Fund Contribution.   \$6.00 Make Check Payable to Department of State   Added to Fees   Added to Fees   Trust Fund Contribution.   Added to Fees   Added to Fees   Trust Fund Contribution.   Added to Fees   Added to Fees   Trust Fund Contribution.   Added to Fees   Added to Fees   Trust Fund Contribution.   Added to Fees   Added to Fees   Trust Fund Contribution.   Added to Fees   Added to Fees   Trust Fund Contribution.   Added to Fees   Added to Fees   Trust Fund Contribution.   Added to Fees   Added to Fees   Trust Fund Contribution.   Added to Fees   Added to Fees   Trust Fund Contribution.   Added to Fees   Added to Fees   Trust Fund Contribution.   Added to Fees   Added to Fees   Trust Fund Contribution.   Added to Fees   Trust Fund Contribution.   Added to Fees   Added to Fees   Trust Fund Contribution.   Added to Fees   Added to Fees   Trust Fund Contribution.   Added to Fees   Added to Fees   Trust Fund Contribution.   Added to Fees   Added to Fees   Trust Fund Contribution.   Added to Fees   Added to F	SIGNATURE .	Maria C C	ally and title if arollicable. (NC	TF: Registere	d Agent signatur	re required wh	nen reinstatin	g)		<u>_</u>	<u>vo</u>	
Tax filing requirement and elects to do so.  (See criteria on back)  After MAY 1, 2000 Fee will be \$550.00  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  DECORGE, PHILLIP T  STREET ADDRESS  CITY-ST-ZIP  MIAMIF E, 33133  Delete  TITLE  P  MAME  MAME  MAME  MAME  STREET ADDRESS  CITY-ST-ZIP  MIAMIF E, 33133  Delete  TITLE  Delete  TITLE  STREET ADDRESS  CITY-ST-ZIP  MIAMIF E, 33133  Delete  TITLE  Delete  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  MAME  STREET ADDRESS  CITY-ST-ZI	9 This cores					· · · · · · · · · · · · · · · · · · ·						
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR