


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90042 049 ***150.00

DOCUMENT # 565109	
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1. Entity Name
TROPIC CRAFT, INC.

Principal Place of Business
1801 N ANDREWS AVENUE
POMPANO BEACH, FL 33069

Mailing Address
C/O TRIVEST PARTNERS, L.P.
2665 SOUTH BAYSHORE DR., STE. 800
MIAMI, FL 33133



02052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1784459	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GERSHMAN, DAVID
C/O TRIVEST PARTNERS, L.P.
2665 SOUTH BAYSHORE DR., STE. 800
MIAMI, FL 33133

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWELL, EARL W 2665 S BAYSHORE DR 8TH FL MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P ALBERTSON, BRUCE 1801 N ANDREWS AVENUE POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KUFFNER, MARILYN D 2665 S BAYSHORE DR STE 800 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT TORTORICI, VINCENT A JR. 1801 N ANDREWS AVENUE POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOEHN, ROBERT 2665 SO BAYSHORE DR STE 800 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Vincent A. Tortorici
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/04 954-960-1174
Date Daytime Phone #