POR PROFIT CORPORATION NIFORM BUSINESS REPORT (UBR)

门门 DOCUMENT # 567461 03 JAN -2 PM 12: OIL 1. Entity Name TROFICAL INN RESORT MOTEL INC SECRETARY OF STATE TALLARMS EF, FLORIDA 000009790130 01/02/03--01070--015 **!5 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 1330 CLARET COURT 5210 ESTERO BLVD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For FLA T. MYERS BEACH FT, MYERS 59-1832099 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired LEE Fee Required 7. Name and Address of Current Registered Agent HENDRY - DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 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 Signature, typed or printer mame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After May 1, Fee is \$550.00 Tax filing requirement and elects to do so. \$5.00 May Be Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS PRESIDENT TITLE CR2E034B (12/01) TITLE PAUL BOGDANSKI NAME NAME 1330 CLARET COURT STREET ADDRESS STREET ADDRESS Fr. MYERS, FLA 33919 CITY-ST-ZIP CITY-ST-ZIP VICE PRESIDENT TITLE PAUL BOGDANSKI NAME NAME 1330 CLARET COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. MYERS FLA 33919 CITY+ST-ZIP SECRETARY BARBARA BOGDANSKI TITLE NAME NAME 1330 CLARET COURT STREET ADDRESS STREET ADDRESS DO NOT WRITE FT. MYERS, FLA 339.19 CITY-ST-ZIP CITY-ST-ZIP -REASURER TITLE TITLE IN THIS SPACE PAUL BOGDANSKI NAME NAME 1330 CLARET COURT STREET ADDRESS STREET ADDRESS FT, MYERS, FLA 33 919 CITY-ST-ZIF CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 11 or on an attachment with an address, with all after like empowered.

SIGNATURE:

NTED NAME OF SIGNING OFFICER OR DIRECTOR

December 30, 2002

Division of Corporations Annual Report/Reinstatement Section P.O. Box 6327 Tallahassee, Fl 32314-6327

REF No: 567461

Attn: Tyrone Scott

Dear Mr. Scott,

Thank you for your consideration in this matter, it has been greatly appreciated.

Yours truly,

Paul Bogdanski

Barbara Bogdanski

1330 Claret Court Ft. Myers, Fla. 33919-3406