FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 6:58

DOCUMENT # **573746** **(5)**

1. Corporation Name
TROPICAL SEAS ENTERPRISES, INC.

Principal Place of Business	Mailing Address
106 NAUTILUS DRIVE ~~PO BOX 500~~ ISLAMORADA FL 33036 US	~~106 NAUTILUS DRIVE~~ ~~PO BOX 500~~ ISLAMORADA FL 33036 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/26/1978**
3a. Date of Last Report: **06/17/1994**

2. Principal Place of Business
21 PO Box 785
22 Suite, Apt. #, etc. 106 NAUTILUS DR. ~~PO BOX 785~~
23 City & State: ISLAMORADA FL
24 Zip: 33036 25 Country: MONROE

2a. Mailing Address
26 PO BOX 785
27 Suite, Apt. #, etc. ~~106 NAUTILUS DRIVE~~
28 City & State: ISLAMORA FL
29 Zip: 33036 30 Country: MONROE

4. FEI Number: **59-1921234** ☐ 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

COPE, DALE
100 IROQUOIS DRIVE #3
ISLAMORADA FL 33036

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	COPE, DALE	12 NAME	
STREET ADDRESS	100-3 IROQUOIS	13 STREET ADDRESS	
CITY-ST-ZIP	LOWER MATECUMBE KEY	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	COPE, NOLEN	22 NAME	
STREET ADDRESS	106 NAUTILUS DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	ISLAMORADA FL	24 CITY-ST-ZIP	
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 voluntarily furnished and 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 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: Dale Cope DALE COPE 4-1-95 305-664-9502
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Telephone Number

0423760 FP