FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Socretary of State

DIVISION OF CORPORATIONS

1996

TROPICAL SEAS ENTERPRISES, INC. Principal Place of Business Pi	DOCUN 1. Corporation	MENT # 57374	6	(5)		-						
Principal Parco of Business	•		INC.									
Pincipal Patrice of Business												
PO BOX 986 SIAMORAD FL 33036 SIAMORAD FL	Principal Place	of Business	M	failing Address								
2. Principal Place of Business 2. A. Morrison Address 2. A. Morrison Address 2. A. Morrison Address 2. A. Morrison	PO BOX 566 ISLAMORADA FL 33036			PO BOX 566 ISLAMORA FL 33036								
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City & State City & State 28	Suite, Apt. #, etc.			Suite, Apt. #, etc.				·	†	\$8.75 Additional		
Zip	City & State			Oity & State						\$5.00 May Be		
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COPE, DALE 100 IROQUOIS DRIVE #3 ISLAMORADA FL 33036 #4 City FL 55 Zer Code 11. Pursuant to the provisions of Sections B07.05.02 and 607.15.08. Honda Statutes, the above named corporation sizems this statement for the purpose of changing its registered orlife or registered agent, or both, in the State of Ficrida Statutes, the above named corporation sizems this statement for the purpose of changing its registered orlife or registered agent, or both, in the State of Ficrida Statutes. SIGNATURE Signature to private private parameter agreem agreement agreement as registered agent. It am state provided to privators. Thereby accept the appointment as registered agent. It am state provided to privators. Thereby accept the appointment as registered agent. It am state provided to privators. Thereby accept the appointment as registered agent. It am state provided to privators. Thereby accept the appointment as registered agent. It am state provided to privators. Thereby accept the appointment as registered agent. It am state provided to privators. Thereby accept the appointment as registered agent. It am state provided the appointment as registered agent. It am state provided to privators. Thereby accept the appointment as registered agent. It am state provided to privators. Thereby accept the appointment as registered agent. It am state provided the appointment as registered agent. It am state provided the appointment as registered agent. It am state provided the appointment as registered agent. It am state provided the appointment as registered agent. It am state provided to provide a state provided the appointment as registered agent. It am state provided the appointment as registered agent. It am state provided the appointment as registered agent. It am state provided the appointment as registered agent. It am state provided the appointment as registered agent. It am state provided the appointment as registered agent. It am state provided the appointment as registered agent. It am state provided the appointmen	:4[stered Agent	T30				1		Agent	
100 IROOUIOS DRIVE #3 ISLAMORADA FL 33038 #4 City						61	Name		10.			
ISLAMORADA FL 33036							Street /	Addre:	dress (P.O. Box Number is Not Acceptable)			
### City ** FL 85 Zip Code* 11. Pursuant to the provisions of Sections B07.0507 and 607.1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office distributes, who above named corporation submits this statement for the purpose of changing its registered office distributes, who accords the origination of Science 607.0507, Priode Statutes Signature Spring Sprin						83						
The Present to the provisions of Sections 007.0502 and 607.1508. Florida Statutus, the above nemed corporation's submits this statement for the purpose of changing its registered official 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 objections of, Section 607.0505, Florida Statutus. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/OHANGES TO OFFICERS AND DIRECTORS IN 12 14. OFFICERS AND DIRECTORS IN 12 15. ADDITIONS/OHANGES TO OFFICERS AND DIRECTORS IN 12 15. ADDITIONS/OHANGES TO OFFICERS AND DIRECTORS IN 12 15. NAME 15. ADDITIONS/OHANGES TO OFFICERS AND DIRECTORS IN 12 15. ADDITIONS/OHANGES TO OF	1027 4110					84	- Cau				les 2	in Codo
or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I herroby accept the appointment as régistered ágent, I am familiar with, and accept the originations of, Section (807.0505, Floridae Statutes. SIGNATURE							- "				-	•
Symbol S	or registere	ed agent, or both, in the State of Florid	ia. Sud	th change was authorize	od by the o	ve-r corp	named co oration's	rpora board	tion submits this statement for the pur of directors. I hereby accept the app	rpose of ch ointment as	anging its i registered	registered office d agent. I am
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14. Ido 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)(k), Florida Statutes, I further		<u></u>										

certify that the information indicated on this annual report or supplemental annual report is true and accurate and that rily signature shall have the same legal effect as it 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:

Dall Core DALF COPE PD SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-17-94 305-064-9502