	PROFIT PORATION IAL REPORT <b>1997</b>		Sandra Secre	PARTMENT OF STATE B. Mortham elary of State IF CORPORATIONS	_	997 8:00an ary of State
	MENT # 6" AY TROPICAL G		<b>(2)</b> s, inc.			
rinc-pal Place 5 NURSERY L PLES FL 995 5 39	ANE		Mailing Address 315 NURSERY LN NAPLES FL 34119-9712 US		1 ISUIU UIUU ISUIU UIUU IIII UIUU IIII U     3. Date Incorporated or Qualified	36. Date of Last Report
Principal Pl	ace of Bus ness		2a. Mailing Address		04/06/1979 4. FEt Number	05/01/1996
			26		59-1909844	Not Applicable
Suite: Apt. I 	#. etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	3		City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees
Zip	Cour		<b>28</b> Zip	Country	Trust Fund Contribution   B. This corporation has liability for i	intangible tax under s. 199.032,
	25 9. Name and Add		29 egistered Agent	30	Florida Statutes	Yes Agent
JACK	SON, BOBBY			81 Name		
	NURSERY LANE			82 Street Add	dress (P.O. Box Number is Not Acceptab	ble)
ki A Di	CO EL 00000-			1 1		
NAPL	LES FL 23999- 24119-	9712		83	<u></u>	·····
NAPL	LES FL <del>23999-</del> 34119-	9712		83 84 City		EI 85 Žip Code
1. Dure well	34119-	octions 607 0502 a	nd 607 1508 Florida Sta	84 City	rporation submits this statement for the p	FL
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I. Pursuant t office or re agent Lar GNATURE	34/1/9-	ections 607.0502 a oth, in the State of ccept the obligatio	nd 607.1508, Florida Sta Florida. Such change wa ns of, Section 607.0505,	84 City atutes, the above-named cor as authorized by the corpora , Florida Statutes.	ation's board of directors. I hereby accer	FL
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