

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F72987**

(3)

1. Corporation Name

TROPICAL ENERGY SYSTEMS, INC.

Principal Place of Business

**5408 SUNSET BLVD.
FT. PIERCE FL 34982**

Mailing Address

**5408 SUNSET BLVD.
FT. PIERCE FL 34982**



2. Principal Place of Business

2a. Mailing Address

21 State Apt. #, etc.

26 State Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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9. Name and Address of Current Registered Agent

**RIBAKOFF, STEPHEN
5408 SUNSET BLVD.
FT. PIERCE FL 34982**

3. Date Incorporated or Qualified

03/18/1982

3a. Date of Last Report

02/14/1995

4. FEI Number

59-2191744

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

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 607.0505 and 607.1505, 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

Signature of Registered Agent or Director (Print Name and Title) (Date)

(Date)

12. OFFICERS AND DIRECTORS

1. NAME

**PD
RIBAKOFF, STEPHEN
5408 SUNSET BLVD.
FT. PIERCE FL**

☐ DELETE

2. STREET ADDRESS

3. CITY, STATE, ZIP

4. NAME

5. STREET ADDRESS

6. CITY, STATE, ZIP

7. NAME

8. STREET ADDRESS

9. CITY, STATE, ZIP

10. NAME

11. STREET ADDRESS

12. CITY, STATE, ZIP

13. NAME

14. STREET ADDRESS

15. CITY, STATE, ZIP

16. NAME

17. STREET ADDRESS

18. CITY, STATE, ZIP

19. NAME

20. STREET ADDRESS

21. CITY, STATE, ZIP

22. NAME

23. STREET ADDRESS

24. CITY, STATE, ZIP

25. NAME

26. STREET ADDRESS

27. CITY, STATE, ZIP

28. NAME

29. STREET ADDRESS

30. CITY, STATE, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME

2. STREET ADDRESS

3. CITY, STATE, ZIP

4. NAME

5. STREET ADDRESS

6. CITY, STATE, ZIP

7. NAME

8. STREET ADDRESS

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27. CITY, STATE, ZIP

28. NAME

29. STREET ADDRESS

30. CITY, STATE, ZIP

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14. I, the undersigned, 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 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:

Stephen Ribakoff

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen Ribakoff

1/11/96

407 464 1630

Doc# 12/19/95

CR2E034 (12/95)