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Jan 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 34982-3877



3. Date Incorporated or Qualified 03/18/1982  
3a. Date of Last Report 01/23/1996

2. Principal Place of Business 2a. Mailing Address  
21. Suite Apt. # etc. 26. Suite, Apt. #, etc.  
22. City & State 27. City & State  
23. Zip 28. Zip Country 29. Zip Country 30. Zip Country

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

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

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

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 *Stephen Ribakoff* *Stephen Ribakoff* DATE 1/17/97

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
PD	RIBAKOFF, STEPHEN	5408 SUNSET BLVD.	FT. PIERCE FL	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I do 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 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* *Stephen Ribakoff* DATE 1/17/97 561 464 4630

CR2E034 (9/96)