FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # F92000000480 (5)

1. Corporation Name

TROPICAL HEALTH, INC.

Principal Place of Business
P.O. BOX 08335
FT. MYERS FL 33908

Mailing Address
P.O. BOX 08335
FT. MYERS FL 33908

3. Date Incorporated or Qualified 11/23/1992

3a. Date of Last Report 03/31/1995

2. Principal Place of Business
21 1652 lSanCarlos Blvd
Suite, Apt. #, etc.
22 Pratt Bldway STE F2
City & State
23 FT myus Fl
Zip 24 33908 **Country** 25 Lee

2a. Mailing Address
26 PO Po of 08335
Suite, Apt. #, etc.
27
City & State
28 FT myps Fl
Zip 29 33908 **Country** 30 lee

4. FEI Number 43-1619750 — 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

PETERS,, DENNIS E
69 CAMELIA DR.
FT. MYERS FL 33908

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	OFFICERS AND DIRECTORS	DELETE		ADDITIONS/CHANGES	Change	Addition
TITLE	DCP		1.1 TITLE			
NAME	PETERS,, DENNIS E	☐ DELETE	1.2 NAME		☐ Change	☐ Addition
STREET ADDRESS	69 CAMELIA DR.		1.3 STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS FL 33908		1.4 CITY-ST-ZIP			
TITLE	S		2.1 TITLE			
NAME	PETERS,, BETTY	☐ DELETE	2.2 NAME		☐ Change	☐ Addition
STREET ADDRESS	69 CAMELIA DR.		2.3 STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS FL 33908		2.4 CITY-ST-ZIP			
TITLE			3.1 TITLE			
NAME		☐ DELETE	3.2 NAME		☐ Change	☐ Addition
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY-ST-ZIP			
TITLE			4.1 TITLE			
NAME		☐ DELETE	4.2 NAME		☐ Change	☐ Addition
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE			5.1 TITLE			
NAME		☐ DELETE	5.2 NAME		☐ Change	☐ Addition
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE			6.1 TITLE			
NAME		☐ DELETE	6.2 NAME		☐ Change	☐ Addition
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

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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)(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: Dennis E Peters Pres 4-19-96 941-466-5858

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR