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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

1990

(2)

**DOCUMENT #**1. Corporation Name

Principal Place of Business

TROPICAL TRADING GROUP INC.

Mailing Address

3032 49TH ST. FT. LAUDERDALE FL 33307 2705 CONGRESSIONAL WAY POMPANO BEACH FL 33073-1873



2. Principal Plac	on of Purinace	On Malley Add				3. Date Incorporated or Qualified 10/08/1982	3a. Date	05/02/	1995
2. Principal Plac 21	de di business	2a. Mailing Address				4. FEI Number 59-2760717			Applied For Not Applicable
Suite, Apl. #,	, etc.	Suite, Apt #, etc.	·			5. Certificate of Status Desired			5 Additional
22		27				Germicate of Status Desired			Required
City & State		City & State				6. Election Campaign Financing		\$5.0	<b>0</b> May Be
<b>23</b> Zip	Country	<b>28</b> Ζιρ	Cour	nto.		Trust Fund Contribution			d to Fees
24	25	29	30	isuy		8. This corporation has liability for Florida Statutes Y Yes	intangible ta No	x under s	199.032,
	9. Name and Address of Currer					10. Name and Address of New F		Agent	
				81	Name				
KARR, PAUL M. 3032 N.E. 49TH ST.			ļ	82 Street Ad		ddress (P.O. Box Number is Not Acceptable)			
					- Control of the Cont				
FT LAU	DERDALE FL 33308		-	83		·			
			-	84	City		FI	<b>85</b> Z	p Code
familiar with	diagent, or both, in the State of Floric, and accept the obligations of, Sect	on 607.0505, Florida Statut	rizea av me ar	orpo	ration's boa	ration submits this statement for the pur ird of directors. Thereby accept the app	poor of the pointment as	registered	l agent. I am
12.	OFFICERS AND		13.	- in the second	J. Company	ADDITIONS/CHANGES TO OFF		DIRECTO	)RS IN 12
TITLE	PTD	☐ DELETE	: 1 111	ELF.					Addition
I			+ 1 114	111			L	Change	Autoritori
NAME	KARR, PAUL M.		1 2 NAM				L	_ Change	Add-digit
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14. Ido hereby certify that the information supplied with this fring is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Fiorida Statutes I further certify that the information indicated on this arimual report or supplemental annual report is Irue 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** 

SURY SOUND OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

04/15/96

(954)360-7727