

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G07432** (9)
1. Corporation Name
TROPICAL TREEHOUSE, INC.



Principal Place of Business 30 URANUS AVE. MERRITT ISLAND FL 32953	Mailing Address 30 URANUS AVE. MERRITT ISLAND FL 32953
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 250 Merritt Sq Mall Suite, Apt. #, etc. 22 Merritt Island, FL City & State 23 32952 USA Zip Country		2a. Mailing Address 26 250 Merritt Sq. Mall Suite, Apt. #, etc. 27 Merritt Island, FL City & State 28 32952 USA Zip Country		3. Date Incorporated or Qualified 10/31/1982	
4. FEI Number 59-2227863		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**HAYS, EDGAR B.
777 E. MERRITT ISLAND CSWY.
MERRITT ISLAND FL 32952**

10. Name and Address of New Registered Agent

81 Name	Roger W. Mc Daniels
82 Street Address (P.O. Box Number is Not Acceptable)	250 Merritt Square Mall
83 City	Merritt Island FL
84 Zip Code	FL 32952

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, whereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **Roger W. Mc Daniels** **Roger W. Mc Daniels** **2/2/98**
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	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYS, EDGAR B	1.2 NAME	Roger W Mc Daniels
STREET ADDRESS	30 URANUS AVE.	1.3 STREET ADDRESS	250 Merritt Square Mall
CITY-ST-ZIP	MERRITT ISLAND, FL 00000	1.4 CITY-ST-ZIP	Merritt Island FL 32952
TITLE	DS <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYS, CAROL	2.2 NAME	
STREET ADDRESS	30 URANUS AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLD, FL 00000	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 **Roger W. Mc Daniels** **2/2/98** **402453 4212**

CR2E034 (10/97)