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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G09496 (2) TROPICAL BAR RESTAURANT SERVICES, INC.				
Principal Place 225 COASTLINI SANFORD FL 3 US	E AD	Mailing Address  225 COASTLINE RD  SANFORD FL 32771-6659 US		F TRACIN ATH WEIGE WOME DISCRIBENT BAN ANDLE SCHAL STRIT EIGEL GIRM (BA)
				3. Date Incorporated or Qualified 3a. Date of Last Report
2. Principal Pl	lace of Business	2a. Mailing Address		11/24/1982 05/01/1996 4. FEI Number Applied For
21		26		<b>59-2237705</b> Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional
City & State	8	City & State		Fee Required  6. Election Campaign Financing \$5.00 May Be
23		28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation has tiability for intangible tax under s. 199.032,
24	25		90	Florida Statutes
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered Agent
BUCKLEY, BRUCE WAYNE				
3101 MALTBY-DR 82 Street Address (P.O. Box Number is Not Access				Address (P.O. Box Number is Not Acceptable)
966	FONA FL-S2738	•	83	y hosedown blvd.
			84 City -	Debary FL 85 32713
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				
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 hyped or princed harve of registered agent		Registered Agent signature	
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	PD BUCKLEY, BRUCE WAYNE		1.2 NAME	- Committee - Vormon
STREET ADDRESS	3101 MALTBY DR		1.3 STREET ADDRESS	24 hosedown Blud.
City ST-20F	DELTONA-FL		1.4 CITY-ST-ZIP	Debary FL 32713
TITLE	VST	DELETE	2.1 TITLE	Change Addition
NAMÉ	BUCKLEY, GEORGINA E		22 NAME	
STREET ADDRESS	3101 MALTBY DR		2.3 STREET ADDRESS	an yosedomy oing.
Crty - ST - ZIP	DELTONA FL		2. 4 CITY - ST - ZIP	Debary FL 32713
TITLE	D	DELETE	3.1 TATLE	Change Addition
NAME	BUCKLEY, GEORGINA E		3.2 NAME	2112 050 00 120 12
STREET ADDRESS	S101 MALTBY DR		3.3 STREET ADORESS	Debary, FL 32713
CITY - ST - ZIF	PETOWATE.	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	Change Addition
TITLE NAMÉ		[ ] Dett if	4.1 IIILE 4.2 NAME	Change Li Modition
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-S1-ZIP			4.4 CITY - ST - ZIP	
TITLE		DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	·
STREET ADDRESS			5.3 STREET ADDRESS	·
DITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TETLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY - ST - ZIP	and that the information cumplied	with this filing door not qualify	64 CITY-ST-ZIP	taled in Section 119 07/9Vi). Florida Statutes, I further certify that the

4. 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, if 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 manged, or on an attachment with an address.

**SIGNATURE:** 

SIGNATURE AND THE OFFICE OF SIGNING OFFICE OF DIRECTOR

4-24-97 (401)330-270

FILED

May 02 1997 8:00am

Secretary of State