FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G84485 (3)

1. Corporate Name
TROPICAL PACKAGE STORE, INC.

Principal Place of Business
508 FLEMING ST.
KEY WEST FL 33040

Mailing Address
508 FLEMING ST.
KEY WEST FL 33040

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/13/1984
3a. Date of Last Report: 02/08/1994

2. Principal Place of Business
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22
23
24 25

2a. Mailing Address
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29 30

4. FEI Number: 59-2419793 — 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 elected to be governed under Section 607.0832 Florida Statute [ ] Yes [X] No

9. Name and Address of Current Registered Agent
ALLEN, JOSEPH B., III
604 WHITEHEAD STREET
KEY WEST FL 33040

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 Section 607.0501 and 607.0505, Florida Statutes, the undersigned corporation submits the 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 hereby agree to comply with the provisions of Section 607.0501, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	NEWHOUSE, GREGORY LEE
STREET ADDRESS	616 EATON ST.
CITY ST ZIP	KEY WEST FL
TITLE	D
NAME	CROSS, PAULA LOUISE
STREET ADDRESS	620 EATON ST.
CITY ST ZIP	KEY WEST FL
TITLE	D
NAME	NEWHOUSE, LEE ANTOINETTE
STREET ADDRESS	616 EATON ST.
CITY ST ZIP	KEY WEST FL
TITLE	D
NAME	CROSS, PAULA
STREET ADDRESS	620 EATON
CITY ST ZIP	KEY WEST FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	

14. I hereby certify that the information supplied with this filing, if voluntarily furnished and does not qualify for the exemption defined 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 hereof, or on an attachment with an address.

SIGNATURE: Gregory Newhouse 4-29-95 305-294-4457
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number
Gregory Newhouse

0100148 CP