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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 18 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H37174

(0)

TROPICAL TENTS, INC.

**SIGNATURE:** 

Principal Place of Business Mailing Address						I SAMURUU MUMU LUUUL INAAN TUUT ILAAFE KAN	YIDII DIBIF BIB	P{	#1811 IVII
10521 S.W. 184 MIAMI FL 3315		10521 S.W. 184 TERRACI MIAMI FL 33157-6759							
						3. Date Incorporated or Qualified 01/08/1985		of Last R 9/1996	eport
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Ar	oplied For
21 Cuito Ant	H at.	26				59-2500522	, <del></del>	<del></del>	ot Applicable
Suite, Apt		Suite, Apt. #, etc.	27			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	2	City & State				Election Campaign Financing     Trust Fund Contribution		\$5.00 Added 1	
Zip	Country	Zφ	Cou	ntry		8. This corporation has liability for i			
24	25 29 30				Florida Statutes				
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Re	istered A	jent	
	LER, LARRY			81	Name				
1052	21 S.W. 184 TERRACE			82	Street Ad	idress (P.O. Box Number is Not Acceptab	le)		
. 1								<del></del>	
MIAN	AI FL 33157			83					
				84	City		F-1	<b>85</b> Zip (	Code
	607.070	0					FL		
obice or n	edistered agent, or both, in the State.	of Florida, Such change was	: evithorize/	d hu	the cornor	orporation submits this statement for the pration's board of directors. I hereby accep	urpose of c tithe appoi	hanging it ntment as	.s registered registered
agent Lar	n familiar with, and accept the obliga	ations of, Section 607.0505, F	lorida Stat	utes.		.0			
SIGNATURE:	Signature, typind or produce name of registered age	the state of the s							
12.	OFFICERS AN	· · · · · · · · · · · · · · · · · · ·	13,	ı Agen	i signature rec	quired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE FRS AND F	DIRECTOR	S IN 12
TILLE	PD	DELETE	1.1 10	rlf	[·	A &	12	Change	Addition
NAME	KELLER, LAWRENCE A.		1.2 NA			LAWRENCE KELLER			
STHEET ADDRESS	10521 SW 184TH TERR				DDRESS 4	LAWRENCE KELLER 10521 S.W. 18472	~ /		
CITY-ST-7iP	MIAMI FL			TY-ST	-7iP	Minni, 71, 8315	フ		
TILLE	D	DELETE	2.1 T/I			Ø. D		Change	Addition
NAME	KELLER, CATHERINE M.		2.2 NA	ME		PATHERINE M. KEUT	12		
STREET ADDRESS	10521 SW 184TH TERR		2.3 ST	REET A	DDRESS	10/21 5-W. 184 /AL	^		
CITY-ST-7-P	MIAMI FL		2. 4 CI	ITY - \$T	- ZIP	MIAMI, EL. 3313	~7		_
FILE		DELETE	3.1 7()	ΓLE		<i>y</i>		Change	Addition
NAME			3.2 NA	WE .		Robert Beaffulti			
STREET ADDRESS			3.3 SY	REET A	DDRESS /	0521 5.0.184 Tex			
CITY-ST-ZIF				TY-SI		Mitmy, El. 3315	7		
T TLE		☐ DELETE	4,1 1()		1	•	L,	_] Change	Addition
NAME			4, 2 N						
STREET ADDRESS					DDRESS				
CITY ST-20F		DELETE		TY ST	- ZIP		<del></del>	100000	Trans.
TITLE NAME		- Dereit	5.1 1(1				Ļ	Change	L. Addition
STREET ADORESS			5.2 NA		DOULCE				
					DORESS				
CITY - ST - ZIP TITLE		. DELETE	6.1 TIT	TY-ST	- 214		Г	Change	Addition
NAME		hand over the	6.2 NA					_j Uningo	rigaliton
STREET ADDRESS			1		DDRESS	•			
CITY-ST-ZIP		4	6.4 CH		· 1				
14. Loo hereb	y certify that the information supplied	with this filing does of qua	lify for the	exen	notion stat	ted in Section 119.07(3)(i), Florida Statutes	. I further c	ertify that	the
information Lam an of	n indicated on this angual report or s licer or director of the corporation or i Block 12 or Block 3 if changed, or	upplemental annual report is the receiver or trusted embo	true and a wered to e	xecur	ate and th te this rep	nat my signature shall have the same legal port as required by Chapter 607, Florida S	effect as if atutes; and	made und I that my n	der oath; that name