

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

FILED

Apr 14 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 # **H54275** (3)
1. Corporation Name
TROPIC BUS SALES, INC.

Principal Place of Business 1655 91ST COURT VERO BCH. FL 32966 US	Mailing Address P O BOX 6765 VERO BCH. FL 32961 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/29/1985	4. FEI Number 59-2538667	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	
8. 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		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
2900 RTE 9 - MALITA	BALLSTON SPA NY 12020 US

9. Name and Address of Current Registered Agent MATTHEWS, GUY 1655 91ST COURT VERO BCH. FL 32966	10. Name and Address of New Registered Agent 81 Name MARK E. MATTHEWS 82 Street Address (P.O. Box Number is Not Acceptable) 12749 WINDERMERE ISLE 83 84 City WINDERMERE 85 Zip Code FL 34786
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11. Pursuant to the provisions of Sections 607.0505 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	PRESIDENT
NAME	MATTHEWS, GUY R.	1.2 NAME	GLENN J. MATTHEWS
STREET ADDRESS	1655 91ST COURT	1.3 STREET ADDRESS	1478 SEQUOIA CIRCLE
CITY-ST-ZIP	VERO BCH. FL	1.4 CITY-ST-ZIP	TOMS RIVER NJ 08753
TITLE	D	2.1 TITLE	VICE PRESIDENT
NAME	MATTHEWS, ROBERT E.	2.2 NAME	BRADLEY J. MATTHEWS
STREET ADDRESS	1655 91ST COURT	2.3 STREET ADDRESS	3805 EDGEWATER ST.
CITY-ST-ZIP	VERO BCH. FL	2.4 CITY-ST-ZIP	HIGH POINT NC 27265
TITLE	D	3.1 TITLE	SECRETARY
NAME	MATTHEWS, JUSTINE H.	3.2 NAME	MARK E. MATTHEWS
STREET ADDRESS	1655 91ST COURT	3.3 STREET ADDRESS	12749 WINDERMERE ISLE PL.
CITY-ST-ZIP	VERO BCH. FL	3.4 CITY-ST-ZIP	WINDERMERE FL 34786
TITLE		4.1 TITLE	DIRECTOR
NAME		4.2 NAME	BRUCE R. MATTHEWS
STREET ADDRESS		4.3 STREET ADDRESS	6 SOUTH POINT RD.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	SARATOGA SPRINGS NY 12866
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: _____ DATE: _____ DAYTIME PHONE: _____

CR2E034 (10/97)