

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

FILED  
May 21 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 # H58339 (3)  
1. Corporation Name  
TROPIC COAST CONSTRUCTION COMPANY OF FLORIDA, IN  
C.

Principal Place of Business Mailing Address  
917 NO. LOXAHATCHEE DR. 917 NO. LOXAHATCHEE DR.  
JUPITER FL 33458 JUPITER FL 33458



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 TROPIC COAST Cons. Co Suite, Apt. #, etc. 22 3520 INVESTMENT LN City & State 23 RIVIERA BCH Zip 24 33404 Country 25 FL	2a. Mailing Address 26 NANCY LAUREN Suite, Apt. #, etc. 27 6564 CHASEWOOD DR APT F City & State 28 JUPITER Zip 29 33458 Country 30 FL
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3. Date Incorporated or Qualified 05/22/1985	4. FEI Number 59-2599201	Applied For 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 type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
KUCKKU, JOHN  
917 NO. LOXAHATCHEE DR.  
JUPITER FL 33458

10. Name and Address of New Registered Agent 81 Name NANCY LAUREN 82 Street Address (P.O. Box Number is Not Acceptable) 6564 CHASEWOOD DR APT F 83 84 City JUPITER FL 85 Zip Code 33458
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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  
Nancy Lauren

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KUSKCU, JOHN 917 NO. LOXAHATCHEE DR. JUPITER FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PINERES, HERNANDO 9650 SW 122 AVE MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD NANCY LAUREN 6564 CHASEWOOD DR, APT F JUPITER, FL 33458
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VPD PINERES, HERNANDO 9650 SW 122 AVE MIAMI, FL 33186
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Nancy Lauren H 3198 561-747-5761

CR2E034 (10/97)