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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 17 PM 3:25

DOCUMENT # H75066 (1)

1. Corporation Name
TROPICAL REALTY OF PORT ST. LUCIE, INC.

Principal Place of Business
602 SW PORT ST. LUCIE BLVD.
PORT ST. LUCIE FL 34953
US

Mailing Address
510 SW PORT ST LUCIE BLVD
PORT ST. LUCIE FL 34953

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/09/1985
3a. Date of Last Report: 02/28/1994

2. Principal Place of Business
21
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26 612 S.W Port St Lucie BLVD
Suite, Apt. #, etc. 27
City & State 28 Port St Lucie FL
Zip 29 34953 Country 30 St Lucie

4. FEI Number: 59-2607423 ☐ 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 liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GUTERL, ELLEN J.
510 SW PORT ST. LUCIE BLVD.
PORT ST. LUCIE FL 34953

10. Name and Address of New Registered Agent

81 Name: Guterl, Ellen J.
82 Street Address (P.O. Box Number is Not Acceptable): 612 SW. Port St Lucie Blvd
83
84 City: Port St Lucie FL 85 Zip Code: 34953

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 ______ DATE ______

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PT
NAME	GUTERL, ELLEN J.
STREET ADDRESS	510 SW PT ST LUCIE BLVD
CITY - ST - ZIP	PORT ST. LUCIE FL
TITLE	DS
NAME	GUTERL, ELLEN J.
STREET ADDRESS	510 SW PT ST LUCIE BLVD
CITY - ST - ZIP	PORT ST. LUCIE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PT	☒ Change ☐ Addition
1.2 NAME	GuteRL, Ellen J.	
1.3 STREET ADDRESS	612 SW. Pt St Lucie BLVD	
1.4 CITY - ST - ZIP	Port St Lucie, FL 34953	
2.1 TITLE	DS	☐ Change ☐ Addition
2.2 NAME	GuteRL, Ellen J.	
2.3 STREET ADDRESS	612 SW. Pt St Lucie BLVD	
2.4 CITY - ST - ZIP	Port St Lucie, FL 34953	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] Ellen J. GuterL 2-14-95 407 878-6801

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #