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

Mailing Address

612 SW PORT ST LUCIE BLVD

PORT ST. LUCIE FL 34953

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H75066

1. Corporation Name

Principal Place of Business

PORT ST. LUCIE FL 34953

SIGNATURE:

602 SW PORT ST. LUCIE BLVD

TROPICAL REALTY OF PORT ST. LUCIE, INC.

09/09/1985 4. FEI Number Applied For 2a. Majling Address 2. Principal Place of Business Not Applicable 59-2607423 ٥ \$8.75 Additional Suite, Apt. #, etc. \Box 5. Certifcate of Status Desired .. Fee Required* \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 8. This corporation owes the current year Intangible Zip Country Yes □No 30 Personal Property Tax. 25 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 GUTERL, ELLEN J. Street Address (P.O. Box Number is Not Acceptable) 82 612 SW PORT ST LUCIE BLVD PORT ST. LUCIE FL 34953 83 84 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ☐ Addition ☐ DELETE 1.1 TITLE TITLE GUTERL, ELLEN J. 1.2 NAME NAME 612 SW PORT ST LUCIE BLVD 1.3 STREET ADDRESS STREET ADDRESS PORT ST. LUCIE FL 14 CITY-ST-ZIP CITY-ST-ZIF ☐ Addition DELETE ☐ Change 2.1 TITLE GUTERL, ELLEN J. 22 NAME NAME 612 SW PORT ST LUCIE BLVD 2.3 STREET ADDRESS STREET ADDRESS PORT ST. LUCIE FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4, CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 4.1 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIF ☐ Addition ☐ Change DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP 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, with all other like empowered.

FILED Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90047 015 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

CR2E034 (11/98)