

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90237 048 ***158.75

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DOCUMENT # H81246

1. Corporation Name

SOUTHEAST FLORIDA TROPICAL VENTURES, INC.

Principal Place of Business

1829 BERING DRIVE
UNIT #5
HOUSTON TX 77057

Mailing Address

1829 BERING DRIVE
UNIT #5
HOUSTON TX 77057

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/17/1985

4. FEI Number

76-0187788

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 owes the current year Intangible
Personal Property Tax.



Yes

No

9. Name and Address of Current Registered Agent

CHAVES, ALICE L
412 SE 11TH TERRACE
DANIA FL 33004

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME FITZGERALD, BEVERLEY A
STREET ADDRESS 6116 SKYLINE DR SUITE 206
CITY-ST-ZIP HOUSTON TX 77057

TITLE VPT ☒ DELETE

NAME FITZGERALD, RAYMOND H
STREET ADDRESS 6116 SKYLINE DR STE 206
CITY-ST-ZIP HOUSTON TX 77057

TITLE EVP ☐ DELETE

NAME BINGHAM, ROBERT A
STREET ADDRESS 6116 SKYLINE DRIVE #206
CITY-ST-ZIP HOUSTON TX 77057

TITLE CS ☐ DELETE

NAME COLE, JO ANN
STREET ADDRESS 6116 SKYLINE DRIVE #206
CITY-ST-ZIP HOUSTON TX 77057

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT, TREASURER ☒ Change ☐ Addition

1.2 NAME FITZGERALD, BEVERLY A.
1.3 STREET ADDRESS 6116 SKYLINE DRIVE, #206
1.4 CITY-ST-ZIP HOUSTON, TX 77057

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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 VP ☐ Change ☒ Addition

5.2 NAME NICK L. STRIBLING
5.3 STREET ADDRESS 28 FRANKIE;S LANE
5.4 CITY-ST-ZIP ALABASTER, AL 35007

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

B. Fitzgerald
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/99 (713) 785-9355

CR2E034 (11/98)