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

APPROVED
FILED
95 MAY -1 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # H92310 (2)

1. Corporation Name
TROPICANA VILLAGE, INC.

Principal Place of Business
4744 SE 132ND PLACE
44 S.E. FIRST AVENUE
BELLEVIEW FL 32620

Mailing Address
4744 SE 132ND PLACE
44 S.E. FIRST AVENUE
BELLEVIEW FL 32620

3. Date Incorporated or Qualified: 12/31/1985
3a. Date of Last Report: 08/04/1994
4. FEI Number: 59-2626511 — 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. Florida Statutes — Yes / No

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

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent

BLANCHARD, CUSTURERI, MERRIAN & ADEL PA
44 S.E. FIRST AVENUE
OCALA FL 32671

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

12. OFFICERS AND DIRECTORS

TITLE	
TITLE	PD
NAME	DICANDIA, LUCY J.
STREET ADDRESS	4775 SOUTHEAST 130TH PLACE
CITY-ST-ZIP	BELLEVIEW FL
TITLE	VD
NAME	DICANDIA, LISA ANN
STREET ADDRESS	4774 SOUTHEAST 132ND PLACE
CITY-ST-ZIP	BELLEVIEW FL
TITLE	ST
NAME	DICANDIA, CONSTANCE
STREET ADDRESS	4774 SOUTHEAST 132ND PLACE
CITY-ST-ZIP	BELLEVIEW FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE		Change / Addition
1. NAME		
1. STREET ADDRESS		
1. CITY-ST-ZIP		
2. TITLE	VD	[X] Change / Addition
2. NAME	Lisa Levesque	
2. STREET ADDRESS	4744 SE 132nd Place	
2. CITY-ST-ZIP	Belleview, FL	
3. TITLE		Change / Addition
3. NAME		
3. STREET ADDRESS		
3. CITY-ST-ZIP		
4. TITLE		Change / Addition
4. NAME		
4. STREET ADDRESS		
4. CITY-ST-ZIP		
5. TITLE		Change / Addition
5. NAME		
5. STREET ADDRESS		
5. CITY-ST-ZIP		
6. TITLE		Change / Addition
6. NAME		
6. STREET ADDRESS		
6. 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(1)(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: [signature] Lisa Levesque — 4/26/95 — 904-245-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0351671 CP