FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J08034** **(7)**

1. Corporation Name
TROPIC INVESTMENTS, INC.

Principal Place of Business	Mailing Address
4000 NORTH S.R. #7 SUITE 301 LAUDERDALE LAKES FL 33319	4000 NORTH S.R. #7 SUITE 301 LAUDERDALE LAKES FL 33319

3. Date Incorporated or Qualified: **04/08/1986**
3a. Date of Last Report: **06/12/1995**

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

2a. Mailing Address
26 2499 W. Glades
27 Suite, Apt. #, etc. 209
28 City & State Boca Raton, FL
29 Zip 33431 30 Country Palm Beach

4. FEI Number: **59-2680182** ☐ 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

~~RUSTINE, DAVID A.~~
~~4000 NORTH S.R. #7~~
~~SUITE 301~~
~~LAUDERDALE LAKES FL 33319~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 2499 W. Glades Rd # 209
83
84 City Boca Raton FL 85 Zip Code 33431

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 date. NOTE: Registered Agent signature required when filing.)

12. OFFICERS AND DIRECTORS		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RUSTINE, DAVID A. 4000 NORTH S.R. #7 LAUDERDALE LAKES FL 33319	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V RUSTINE, REBECCA 4000 N. S.R. #7 LAUDERDALE LAKES FL 33319	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RUSTINE, DAVID A. 4000 N. S.R. #7, SUITE 301 LAUDERDALE LAKES FL 33319	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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	2499 W. Glades Rd. Ste 209 Boca Raton, FL 33431	☒ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	2499 W. Glades Rd Ste # 209 Boca Raton, FL 33431	☒ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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: Paul O Rustine Pres. 4/6/96 (407) 997-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #