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

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an attachment with an address

May 14 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # J08034 (7) TROPIC INVESTMENTS, INC. Principal Place of Business Mailing Address 7031 NW TURTLE WALK P O BOX 811135 **BOCA RATON FL 33487** BOCA RATON FL 33481-1135 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/08/1986 Principal Place of Business 4770 N.W. 2NO AVE. 2a. Mailing Address Applied For P.O Bix 811135 Not Applicable 59-2680182 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Suite Fee Required 6. Election Campaion Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 3/ 25 U.S.A. 29 3348 9. Name and Address of Current Registered Agent usA Personal Property Tax due Jurie 30. X Yes □ No 10. Name and Address of New Registered Agent 81 Name RUSTINE, DAVID A. 7031 NW TURTLE WALK-Address (P.O. Box Number is Not Acceptable) 82 **BOCA RATON FL 33487** 83 84 11. Pursuant to the provisions of Sections 607 01:02 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 dulig tions of Section 607,0505, Florida Statutes. A. Rustine typied or printed name of registered assent and the if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, OFFICERS AND DIRECTORS 13. DELETE Change TITLE 1.1 TITLE RUSTINE, DAVIO A. RUSTINE, DAVID A. NAME 1.2 NAME 4270 N.W. QUO AVE., S. BOCA RATON, FC. 334 Suite D 7031 NW TURTLE WALK STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE ☐ Addition TITLE 2.1 TITLE RUSTINE, REBECCA, SUITE O RUSTINE, REBECCA 2 2 NAME NAME STREET ADDRESS 7031 NW TURTLE WALK 2.3 STREET ADDRESS BOCA RATON, FL. 3 **BOCA RATON FL** 2 4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 3.1 TITLE TITLE RUSTINE, DAVIO A. 4770 NW DNO AVE, SUITE O RUSTINE, DAVID A. NAME 3.2 NAMÉ 7031 NW TURTLE WALK 3.3 STREET ADDRESS STREET ADDRESS BOCA RATON, FL. 3. **BOCA RATON FL** 3.4 CITY-S1-ZIP CITY-ST-ZIP DELETE 4.1 TITLE Addition TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4 4 CITY - ST - ZIP Change DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - \$1 - ZIP CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 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

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**FILED**