

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

**95 APR 18 PM 5:01**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J16711 (0)**

1. Corporation Name  
**TROPIC RIVER GROVE CORPORATION**

Principal Place of Business <b>1351 N. COURTENAY PKWY., SUITE AA P.O. BOX 540159 MERRITT ISLAND FL 32954-7159</b>	Mailing Address <b>1351 N. COURTENAY PKWY., SUITE AA P.O. BOX 540159 MERRITT ISLAND FL 32954-7159</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/27/1986</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-2699813</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 100.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 <b>32954-0159</b>	Country 25 <b>BREVARD</b>
Zip 29 <b>32954-0159</b>	Country 30 <b>BREVARD</b>

9. Name and Address of Current Registered Agent

**BOBINSKI, ALEXANDER H.  
1351 N. COURTENAY PKWY., SUITE AA  
MERRITT ISLAND FL 32953**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
FL B5 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PO</b>
NAME	<b>BOBINSKI, ALEXANDER H.</b>
STREET ADDRESS	<b>1351 N COURTENAY PKWY AA</b>
CITY - ST - ZIP	<b>MERRITT ISLAND FL</b>
TITLE	<b>SD</b>
NAME	<b>BOBINSKI, C. JEAN</b>
STREET ADDRESS	<b>1365 N. COURTENAY PKWY C</b>
CITY - ST - ZIP	<b>MERRITT ISLAND FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(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 of this report, or on an attachment thereto.

SIGNATURE: *Alexander H. Bobinski* **ALEXANDER H. BOBINSKI** 4/13/95 407-452-4552

SIGNATURE AND TITLE OF REGISTERED OFFICER OR DIRECTOR (Type) (Typed Name)