

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 # **J16711 (0)**

1. Corporation Name

TROPIC RIVER GROVE CORPORATION



Principal Place of Business	Mailing Address
1351 N. COURTENAY PKWY.. SUITE AA P.O. BOX 540159 MERRITT ISLAND FL 32954-0159 US	1351 N. COURTENAY PKWY.. SUITE AA P.O. BOX 540159 MERRITT ISLAND FL 32954-0159 US

3. Date Incorporated or Qualified 05/27/1986	3a. Date of Last Report 04/18/1995
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2. Principal Place of Business	2a. Mailing Address
21 1365 N. COURTENAY PKWY. Suite, Apt. #, etc.	SUITE C 26 1365 N. COURTENAY PKWY. Suite, Apt. #, etc.
22 SUITE C City & State	27 P.O. BOX 540505 City & State
23 MERRITT ISLAND, FL Zip	28 MERRITT ISLAND, FL Zip
24 32953 Country	29 32954-0505 Country
25 BREVARD	30 BREVARD

4. FEI Number 59-2699813	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> X	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BOBINSKI, ALEXANDER H. 1351 N. COURTENAY PKWY., SUITE AA MERRITT ISLAND FL 32953	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable) 1365 N. COURTENAY PKWY., SUITE C
	83
	84 City MERRITT ISLAND
	85 Zip Code FL 32953

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 reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD BOBINSKI, ALEXANDER H. 1351 N COURTENAY PKWY AA MERRITT ISLAND FL	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	1365 N. COURTENAY PKWY., SUITE C
CITY-ST-ZIP		1.4 CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	SD BOBINSKI, C. JEAN 1365 N. COURTENAY PKWY C MERRITT ISLAND FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: *Alexander H. Bobinski* ALEXANDER H. BOBINSKI 4/22/96 407-454-9771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)