

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J79467** (3)

1. Corporation Name
TROPICAL IMPORTS BY DAMAR, INC.



Principal Place of Business: % MARK J. MALIZIA, 815 EDWARDS ROAD, FT. PIERCE FL 34982
Mailing Address: % MARK J. MALIZIA, 815 EDWARDS ROAD, FT. PIERCE FL 34982

3. Date incorporated or Qualified: **06/24/1987**
3a. Date of Last Report: **04/28/1995**
4. FEI Number: **65-0018769**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 **913 Edwards Rd**
22 Suite, Apt. #, etc.
23 **Ft. Pierce, FL**
24 **34982** 25 Country
2a. Mailing Address: 26 **913 Edwards Rd**
27 Suite, Apt. #, etc.
28 **Ft. Pierce, FL**
29 **34982** 30 Country

9. Name and Address of Current Registered Agent
**MALIZIA, MARK J.
5151 N. A1A #114A
FT. PIERCE 34949**

10. Name and Address of New Registered Agent
81 Name: **Malizia, Mark J.**
82 Street Address (P.O. Box Number is Not Acceptable): **913 Edwards Rd.**
83
84 City: **Ft. Pierce** 85 Zip Code: **34982**

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: _____

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|------------------|---------------------------------|
| TITLE | PVS | <input type="checkbox"/> DELETE |
| NAME | MALIZIA, MARK J. | |
| STREET ADDRESS | 5151 N A1A #114A | |
| CITY - ST - ZIP | FT. PIERCE FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | MALIZIA, DAVID | |
| STREET ADDRESS | 5151 N A1A #114A | |
| CITY - ST - ZIP | FT. PIERCE FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---------------------|----------------------|--|
| 1. TITLE | PVS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME | Malizia, Mark J. | |
| 3. STREET ADDRESS | 913 Edwards Rd. | |
| 4. CITY - ST - ZIP | Ft. Pierce, FL 34982 | |
| 2. TITLE | TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME | Malizia, David | |
| 2.3 STREET ADDRESS | 913 Edwards Rd | |
| 2.4 CITY - ST - ZIP | Ft. Pierce, FL 34982 | |
| 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 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: *Mark J. Malizia* / **MARK J. MALIZIA** DATE: **4/25/96** TELEPHONE: **407-489-5710**

CR2E034 (12/95)