

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

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1. TITLE	PVS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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"/>	<input type="checkbox"/>
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"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: 4/25/96 407-489-5710

CR2E034 (12/95)