

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J86027 (6)**  
1. Corporation Name  
**TROPIC VENDING, INC.**



Principal Place of Business: **2651 NW 55TH CT. FT. LAUDERDALE FL 33309 US**  
Mailing Address: **2651 NW 55TH COURT FT. LAUDERDALE FL 33309 US**

3. Date incorporated or Qualified: **08/07/1987**  
3a. Date of Last Report: **02/20/1995**  
4. FEI Number: **65-0003853**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$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 [ ] Suite, Apt. #, etc.  
22 [ ] City & State  
23 [ ] Zip [24] [25] Country  
2a. Mailing Address  
26 [ ] Suite, Apt. #, etc.  
27 [ ] City & State  
28 [ ] Zip [29] [30] Country

9. Name and Address of Current Registered Agent  
**MCCARTY, DAVE  
8921 N.W. 21 COURT  
PEMBROKE PINES FL 33024**

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of the principal agent and the filer, if applicable. (BOTH Registered Agent's Signature required when making filing.)

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	MCCARTY, DAVE	
STREET ADDRESS	8921 NW 21ST COURT	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	RIES, THOMAS E	
STREET ADDRESS	21512 SUMMERTRACE CIRCLE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	CASON, DICK	
STREET ADDRESS	20819 BOCA RIDGE DRIVE NORTH	
CITY-ST-ZIP	BOCA RATON FL	
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

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	McCarty, Dave	
1.3 STREET ADDRESS	8921 NW 21st Court	
1.4 CITY-ST-ZIP	Pembroke Pines, FL	
2.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	11351 LAKE TREE COURT	
2.4 CITY-ST-ZIP	BOCA RATON, FLA 33498	
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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *David E. McCarty* **David E. McCarty** 7-590 4854200  
Signature AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

CR2E034 (3/96)