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** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT** # J95129 (9) TROPICAL IMPRESSIONS OF CLEARWATER, INC. Principal Place of Business Mailing Address 762 OHIO AVE 762 OHIO AVE PALM HARBOR FL 34683 PALM HARBOR FL 34683 US 3a. Date of Last Report 3. Date incorporated or Qualified 09/28/1987 06/16/1995 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 59-2846401 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt #, etc 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intarigible tax under s. 199 032 Country Country Ζıρ Yes No Florida Statutes 30 29 25 24 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name COLLINS, JAMES H. Street Address (P.O. Box Number is Not Acceptable) 82 762 OHIO AVE PALM HARBOR FL 34683 63 85 Zip Code 84 City 11. Pursuant to the previsions 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 Floridal Such change was authorized by the corporation's hoard of directors. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE (NITE Registered Agent's gosture required when reinstitling) Supervise typocomparts as about the proceed agent and the dispolarible ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TULE TITLE 1.2 NAME COLLINS, JAMES H. NAME 13 STREET ADDRESS 762 OHIO AVE STREET ADDRESS 14 C:TY - S7 - ZIP PALM HARBOR FL CHTY-ST-ZIP Change Addition [] DELETE 2.1 THE 2.2 NAME COLLINS, MICHELE A. 2.3 STREET ADORESS 762 OHIO AVE STREET ADDRESS 2 4 CHY+\$1-ZP PALM HARBOR FL CITY-ST ZIP Change Addition DELETE 3.1 Bitte TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 34 C:TY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 4.1 III.£ TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CHY - 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 1 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 trusted 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 appelment with an ageress

6.1 TITLE

6.2 NAM2

6 3 STREET ADDRESS

SIGNATURE:

CITY-ST-7IP

STREET ADDRESS

TITLE

NAME

DELETE

7/15/96 813-786-0020

Change Addition

CR2E034

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 #	P93000082336	(7)
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TAX AND INSURANCE CONSULTING CORP.

Principal Place	of Business		Ma	ailing Addre	ss									
3925 NE 22ND AVENUE 3925 NE 22ND AVENUE FT LAUDERDALE FL 33308 FT LAUDERDALE FL 33308														
									 Date Incorporated or Qua 12/02/1993 	lified		te of La 20/1 9	ast Repor 195	t
2. Principal Pla	ice of Business		-	. Mailing Ad	Idress				4. FEI Number			-	Applied	
Suite, Apt. #	ote		26	Suite, Apt	# etc	- 			65-0455524			\$8	75 Addit	phicable tional
22	, 610		27	State, rept	#, C.C.				5. Certificate of Status Desire	ed			e Require	
City & State	······································		28	City & Stat	ie				Election Campaign Finance Trust Fund Contribution	cing			.00 May	,
Zip	(Country		Zip		Cou	intry		8. This corporation has labil	ity for in	tangib <u>le t</u>	ax und	ders 199	.032,
4 25		29	29 30		30			Florida Statules Yes No						
	9. Name and	Address of Cur	rent Regis	tered Agen	<u>t</u>		81	Name	10. Name and Address of N	ew Reg	istered A	gent		
	owsky, hyma							ivanie						
	5 NE 22ND AV						82	Street Add	fress (P.O. Box Number is Not Ac-	ceptable	D)			
FTL	auderdale i	FL 33308					83							
							84	City		-46. AV		85	Zip Code	ē
							Ш		poration submits this statement for		FL	L	ne it	.c.l.c.sel
agent. I arr	n familiar with, ar	nd accept the ob	ligations of	t, Section 60	07.0505, FI	londa Stati	utes							
SIGNATURE 5	Signature typed or pur	ted name of registered OFFICERS				Offic Biografere	ed Ager	a signature respi	ired when to isching) ADDITIONS/CHANGES TC	OFFIC	ERS AND		····	
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made under oath, that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: 24

MANAGE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR