

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 # K11029 (1)

1. Corporation Name

TROPITECH COATINGS AND RESEARCH, INC.

Principal Place of Business

Mailing Address

504 CENTER ROAD  
FT MYERS FL 33907  
US

504 CENTER ROAD  
FT MYERS FL 33907  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 3706 MERCANTILE AVE		26 3706 MERCANTILE AVE		12/17/1987		08/11/1995	
Suite, Apt #, etc		Suite, Apt #, etc		4. FEI Number		Applied For	
22		27		65-0111279		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 NAPLES FL		28 NAPLES FL		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
Zip		Zip		6. Election Campaign Financing		5.00 May Be Added to Fees	
24 34104		29 34104		Trust Fund Contribution		<input type="checkbox"/>	
Country		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25 USA		30 USA					

9. Name and Address of Current Registered Agent

CLARK, JOHN H  
7181 COLLEGE PARKWAY #30-130  
FT. MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name	FRAN KOEBERT
82 Street Address (P.O. Box Number is Not Acceptable)	8779 EXETER
83	
84 City	FT MYERS
85 Zip Code	FL 33907

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

FRAN KOEBERT - PRES

24 JUN 96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOEBERT, FRAN	1.2 NAME	
STREET ADDRESS	8779 EXETER ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT. MYERS FL	1.4 CITY - ST - ZIP	33907
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOEBERT, LINDA	2.2 NAME	
STREET ADDRESS	8779 EXETER	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT MYERS FL	2.4 CITY - ST - ZIP	33907
TITLE	ST	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REDD, KIM	3.2 NAME	
STREET ADDRESS	8779 EXETER	3.3 STREET ADDRESS	3720 17TH AVE SW.
CITY - ST - ZIP	FT MYERS FL	3.4 CITY - ST - ZIP	NAPLES FL 33964
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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

FRAN KOEBERT - PRES

24 JUN 96

941-436-1991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE NUMBER

CR2E034 (3/96)