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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

K35048 **DOCUMENT #**

(3)

TROPICAIRE MOTEL INC.

Principal Place of Business 4553 BOUGAINVILLA DR. LAUDERDALE-BY-THE SEA FL 33308 Mailing Address

4553 BOUGAINVILLA DR. LAUDERDALE-BY-THE SEA FL 33308



3a. Date of Last Report

03/20/1995

3. Date Incorporated or Qualified

09/28/1988

2. Procipal Pla									
1	nce of Business	2a. Mailing Address 26			4. FEI Number 65-0072584			Applied For Not Applicable	
Suite, Apt. ≢	#, etc.	Suite, Apt. #, etc.		· · · · · ·	5. Certificate of Status Desired		\$8.75	Additional Required	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
້ <i>Z</i> ຫຼື ໄ	Country 25	Zip 29	Countr	у	This corporation has liability for Florida Statutes	intangible tax u	ınder s	199.032,	
· [9. Name and Address of Curre		1001		10. Name and Address of New R		ent		
			81	Name	10.				
DD7AVA	IA DADDADA		ļ	_					
Brzakala, Barbara 4553 Bougainvilla drive Lauderdale-by-the-sea Fl 33308			82	Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
			83	83					
LAUDEN	DALE-DI-THE-SEA PL 33300		"	1					
			84	City		FL	85 Zip	Code	
or registere familiar witi SGNATURE	ed agent, or both, in the State of Flor h, and accept the obligations of, Sec Squatre tyred or pictal frame of registered agre	rida Such change was author otion 607.0505, Florida Statute	ized by the corp	poration's boar	ation submits this statement for the pur d of directors. I hereby accept the app	Ointment as re	gistered	agent. I am	
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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 onth, 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: LAW SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICE

03-01-96 954-4913215 Date Dayting Proces