Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90249 023 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # K35048

1. Corporation Name

TROPICAIRE MOTEL INC.

							618111 662 MIST SIMI 6611 6611 614	A		
Principal Place	e of Business	Mailing Address				ŀ				
4553 BOUGAIN		4553 BOUGAINVILLA DR.								
LAUDERDALE-BY-THE SEA FL 33308 LAUDERDALE-BY-THE SEA			L 33308				DO NOT WRI	TE IN TEL	S SPACE	
						3 Date Inc	corporated or Qualifed			
						09/28	/1988			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Nur			Ap	ried For
21		26				65-00	72584		No	t Applicable
Suite, Act.	#, etc.	Suite, Apt. #, etc.	-			6 Certifoa	te of Status Desired		\$8.75	
22		27				3. Oct	CON CIGIGO COMO		Fee Re	
City & State	e	City & State				6. Election	Campaign Financing		\$5.00	,
23						Trust Fi	and Contribution		Added t	c Fees
Zip	Cour try	Zip	Cour	ntry		1	poration owes the curr	ent year 1	ntangible 21 Yes	I⊒No
24	25		30				al Property Tax. Ind Address of New F		<u>- F</u>	12140
	9. Name and Address of Curren	Registered Agent		04	Name -	10. Name a	ing Address of New F	tegistere t	Agent	
DD7	AVALA PADDADA			81	Name					_
BRZAKALA, BARBARA 4553 BOUGAINVILLA DRIVE				82	Street Ac	dress (P.O. Box	Number is Not Accepta	able)		
LAUI	DERDALE-BY-THE-SEA FL 33308			83						
			-	84	City				85 Zip (Code
				-	City			F		
office crn	to the provisions of Sections 607,050; egistered agent, or both, in the State im familiar with, and accept the obligat	cf Florida. Such change was ાut	horized	by th	named cor le corporat	rporation submistion's board of d	s this statement for the rectors. I hereby acces	purpose of the appoint	of changing its ointment as re	registered gistered
SIGNATURE		ALOX - F				ind when receipting)		DATE		
·	Signature, typed or printed name of registered ager	· 	<u> </u>	Agent s	ignature requi	red when reinstating)	NS/CHANGES TO OF		WID DIRECTO	
12.		DELETE	13.		——————————————————————————————————————	ADDITIO	NS/CHANGES 10 OF	FICERS	Change	Addition
TITLE	D DZAKALA OZEGLAM	Dete15								٠
NAME	BRZAKALA, CZESLAH		1.2 NA							
STREET ADDRESS	4553 BOUGAINVILLA DR.		1.3 STF	REETA	DDRESS					
CITY-ST-ZIP	LAUD. BY SEA FL		1.4 CIT		ZIP				Change	Addition
TITLE	D	☐ DELETE	2.1 TITLE						Change	☐ Additio
NAME	Brzakala, Barbara		2.2 NA	ME)					
STREET ADDRESS	4553 BOUGAINVILLA DR.		2.3 STF	REETA	DDRESS					
CiTY-ST-ZIP	LAUD. BY SEA FL		2.4 CI	TY-ST-	ZIP			 ·		
TITLE		☐ DELETE	3.1 TITLE		ŀ				Change	☐ Additio
NAME			3.2 NA	ME						
STREET ADDRESS			3.3 STF	REET A	DORESS					
CITY-ST-ZIP			3.4. CIT	TY-ST-	ZIP					
TITLE		OELETE	4.1 TITI	LE					Change	Addition
NAME			4. 2 NA	ME						

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 corpora ion or the receiver or trustee empowered to execute this report as recuired 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, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

54 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ DELETE

☐ DELETE

Addition

Addition

Change

Change