

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 26 1997 8:00am
Secretary of State

DOCUMENT # **K46181** (9)

1. Corporation Name
TROPIC VERTICALS OF ST. AUGUSTINE, INC.



Principal Place of Business
% DAVID C. ROUNDS
2740 U.S. HIGHWAY #1 SOUTH
ST. AUGUSTINE FL 32086-6336

Mailing Address
% DAVID C. ROUNDS
2740 U.S. HIGHWAY #1 SOUTH
ST. AUGUSTINE FL 32086-6336

3. Date Incorporated or Qualified **11/14/1988** 3a. Date of Last Report **04/29/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2915976	Applied For <input type="checkbox"/> Not Applicable
21. State, Apt. #, etc.	26. State, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent

ROUNDS, DAVID C.
2740 U.S. HIGHWAY #1 SOUTH
ST. AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0902 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROUNDS, DAVID C.	1.2 NAME	
1.3 STREET ADDRESS	2740 U.S. HIGHWAY #1 SO.	1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	ST. AUGUSTINE FL	1.4 CITY - ST - ZIP	
1.5 TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.6 NAME	ROUNDS, SANDRA G.	2.2 NAME	
1.7 STREET ADDRESS	2740 U.S. HIGHWAY #1 SO.	2.3 STREET ADDRESS	
1.8 CITY - ST - ZIP	ST. AUGUSTINE FL	2.4 CITY - ST - ZIP	
1.9 TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.10 NAME		3.2 NAME	
1.11 STREET ADDRESS		3.3 STREET ADDRESS	
1.12 CITY - ST - ZIP		3.4 CITY - ST - ZIP	
1.13 TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.14 NAME		4.2 NAME	
1.15 STREET ADDRESS		4.3 STREET ADDRESS	
1.16 CITY - ST - ZIP		4.4 CITY - ST - ZIP	
1.17 TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.18 NAME		5.2 NAME	
1.19 STREET ADDRESS		5.3 STREET ADDRESS	
1.20 CITY - ST - ZIP		5.4 CITY - ST - ZIP	
1.21 TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.22 NAME		6.2 NAME	
1.23 STREET ADDRESS		6.3 STREET ADDRESS	
1.24 CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I, the undersigned, 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 contained 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or as an addition with an address.

SIGNATURE: **DAVID C. ROUNDS** 3/18/97 904-797-7033