FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT **CORPORATION** ANNUAL REPORT



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

1996

101

1. Corporation		# K5484	19	(C	<i>)</i>)					·			
TROPICAL SOFTWARE CONCEPTS, INC.													
Principal Place of Business				Mailing Address									84811 B1811 4881
% RICHARD J. PAULI 1467 SW 15TH TERRACE FT. LAUDERDALE FL 33312				% RICHARD J. PAULI 1467 SW 15TH TERRACE FT. LAUDERDALE FL 33312					Date Incorporated or Qualified	3a. Da	te of Last R	eport	
										12/22/1988	(04/14/19	95
2. Principal Place of Business				2a. Mailing Address						4. FEI Number 65-0096203			Applied For
Suite, Apt. #, etc.				Suite, Apl. #, etc.									Not Applicable Additional
				27						Certificate of Status Desired			Required
City & State				City & State						Election Campaign Financing Trust Fund Contribution			0 May Be d to Fees
Zip	Country			Zip		Country			8. This corporation has liability for		tax under s	199.032	
24	25			29 30							□ No		
Name and Address of Current Registered Agent								Name		10. Name and Address of New F	Registered	l Agent	
DAIR1 D						81							
Pauli, Richard J. 1467 SW 15TH Terrace FT. Lauderdale FL 33312							82	Street Addres		ss (P.O. Box Number is Not Acceptate	ole)		
							83					········	
							84	City				85 Zip	o Code
11. Pursuant to	o the provision	ons of Sections 607 050	2 and F	307 1508 Florida !	Statutes	the sh		amod r	ovnoval	ion submits this statement for the pu	Fi		opistored office
or registere	ananani or	both, in the State of Flor of the obligations of, Sec	100 S I	ich chango iwae ai.	けいひいえるひし	by the	corp	oration's	s board	of directors. I hereby accept the app	ointment a	s registered	agent. I am
SIGNATURE	ii, and accop	of the deligations of eco		rr.0000, rionad ot	aiotos.								
	Signature, typed o	or printed name of registered age:			(NOTE I	Registera		t signature	required v	yhen reinstatirig)	DATE		
12.	OFFICERS AND I			DIFE CTORS DELETE			TITLE		T	ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTO Change	·
NAME	PAULI, RICHARD J.			L. Dette ic		1	NAME					Change	Addition
STREET ADDRESS 1467 SW 15TH TERRACE							1.3 STREET ADDRESS						
CITY-ST-ZIP FT. LAUDERDALE FL							1.4 CITY-ST-ZIP						:
TITLE	ST			☐ DELETE			2 1 TITLE					Change	☐ Addition
NAME	PAULI, RENEE						2 2 NAME						
STREET ADDRESS	1467 S.					2.3 STREET ADDRESS							
CITY-ST-ZIP	FI. LAU	JDERDALE FL		L. DELETE			2.4 City-St-ZiP						
TITLE NAME				DELETI	-		TITLE					Change	Addition
STREET ADDRESS						ı	NAME OTRECT	ADDRESS					
City-\$t-zip							STREET DITY-S		`				
TITLE				DELET			TITLE	11.51				Change	Addition
NAME						ł	NAME						
STREET ADDRESS						43	STREET	ADDRESS					
CITY-ST-ZIP					4 4 CIT			T - 71 ²¹					
TITLE	•			DELETI	DELETE 5 1 TH			-				Change	Addition
NAME						L	NAME						
STREET ADDRESS								ADDRESS					
CITY+ST-ZIP	ļ 			רו מוונדי			CITY-S	T - ZIP					C) 1100
TITLE				☐ DELETI			TITLE					Change	Addition
NAME STREET ADDRESS							NAME	1000000					
CITY-ST-ZIP								ADDRESS					}
OILL-DI-TIE						1 04	DITY-S	1 - ZIF'	1				

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 privanged, or on an experiment with an address.

SIGNATURE:

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

april 26, 1996 (954)467-9242