

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

FILED

May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K87636** (2)
1. Corporation Name
TROPIC AIR PRODUCTS INC.



Principal Place of Business % JACK MULVEY 9545 RANGELINE RD FT PIERCE FL 34987-2110	Mailing Address % JACK MULVEY 9545 RANGELINE RD FT PIERCE FL 34987-2110
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2. Principal Place of Business 21 4510 PROSPERITY DR Suite, Apt. #, etc.		2a. Mailing Address 26 SAME Suite, Apt. #, etc.		3. Date Incorporated or Qualified 05/10/1989	3a. Date of Last Report 05/01/1996
22 City & State 23 FT. PIERCE FL		27 City & State		4. FEI Number 65-0124850	Applied For Not Applicable
24 Zip 34981		25 Country USA		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
26 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
29 Zip		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MULVEY, JACK 3545 RANGELINE RD 4510 PROSPERITY DR. FT PIERCE FL 34987-2110 FT. PIERCE, FL 34981				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
MULVEY, JACK				4510 PROSPERITY DR.	
83 City				84 Zip Code	
FT. PIERCE, FL				FL 34981	

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: *[Signature]* DATE: **4-24-97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	TD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MULVEY, JACK		1.2 NAME	JACK MULVEY			
STREET ADDRESS	9545 RANGELINE RD		1.3 STREET ADDRESS	4510 PROSPERITY DR.			
CITY-ST-ZIP	FT PIERCE FL 34987		1.4 CITY-ST-ZIP	FT. PIERCE FL. 34981			
TITLE	P	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	V. PRES	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MULVEY S. PATRICK		2.2 NAME	PATRICK MULVEY			
STREET ADDRESS	9545 RANGELINE RD.		2.3 STREET ADDRESS	4510 PROSPERITY DR.			
CITY-ST-ZIP	FT PIERCE FL 34987		2.4 CITY-ST-ZIP	FT. PIERCE FL. 34981			
TITLE	S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	SEC. TREAS.	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CALLAHAN, JAMES B.		3.2 NAME	BETTY MULVEY			
STREET ADDRESS	9545 RANGELINE RD.		3.3 STREET ADDRESS	4510 PROSPERITY DR			
CITY-ST-ZIP	FT PIERCE FL 34987		3.4 CITY-ST-ZIP	FT. PIERCE FL. 34981			
TITLE		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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 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 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: *[Signature]* DATE: **4/24/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)