

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L18712

(4)

1. Corporation Name

TROPICAL TRIPS, INC.



Principal Place of Business

Mailing Address

C/O CHARLES F. ROYAL
~~324 S.W. 16TH STREET~~
~~BELLE GLADE FL 33430~~

C/O CHARLES F. ROYAL
~~324 S.W. 16TH STREET~~
~~BELLE GLADE FL 33430~~

3. Date Incorporated or Qualified

09/27/1989

3a. Date of Last Report

04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 2300 Lakeshore Dr.
Suite, Apt. #, etc.

26 802 N. W. 1st St.
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Riviera Beach, FL
Zip

28 South Bay, FL
Zip

24 33494

25 Palm Beach

29 33493

30 Palm Beach

9. Name and Address of Current Registered Agent

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

ROYAL, CHARLES F.

~~324 S.W. 16TH STREET~~
~~BELLE GLADE FL 33430~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

802 N. W. First St.

83

84 City

South Bay

FL

85 Zip Code

33493

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 typed or printed name of registered agent and filer, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PD ROYAL, CHARLES F.

STREET ADDRESS ~~324 S.W. 16TH ST.~~

CITY-STATE-ZIP ~~BELLE GLADE FL~~

TITLE ☐ DELETE

NAME STD ROYAL, BARBARA O.

STREET ADDRESS ~~324 S.W. 16TH ST.~~

CITY-STATE-ZIP ~~BELLE GLADE FL~~

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

802 N. W. First St.

South Bay, FL 33493

☐ Change ☐ Addition

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South Bay, FL 33493

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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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 1/18/96 407-996-8080

CR2E034 (12/95)