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

Mar 11 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # TROPIC SANDS REALTY, INC. Principal Place of Business Mailing Address P.O. BOX 7604 3616 SOUTH ATLANTIC AVE C/O ELIA E. PERESSINOTTO LINIT F DO NOT WRITE IN THIS SPACE DAYTONA BEACH SHORES FL 32116 DAYTONA BEACH SHORES FL 32127 3. Date Incorporated or Qualified 10/30/1989 2, Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2973480 Not Applicable 21 26 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 26 Žip Zip Country Country 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. Yes 25 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name PERESSINOTTO, ELIA E. 3757 S ATLANTIC AVE 82 Street Address (P.O. Box Number is Not Acceptable) #705 DAYTONA BEACH SHORES FL 32127 83 84 City Zip Code 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 (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Change Addition TITLE PERESSINOTTO, ELIA E NAME 1.2 NAME 3757 S ATLANTIC AVE #705 1.3 STREET ADDRESS STREET ADDRESS DAYTONA BEACH SHORES FL 32127 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change ■ Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 5.1 TITLE Change ___ Addition TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 54 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 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 or an attachment with an address.

61 TITLE

62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

Change

Addition

FILED