FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 24 AM 10:20

DOCUMENT # **L46591** (8)

1. Corporation Name
TROPICAL ORNAMENTALS, INC.

Principal Place of Business	Mailing Address
% PHILIP CIALONE 5346 WOODLAND DR DELRAY BEACH FL 33484	% PHILIP CIALONE 5346 WOODLAND DR DELRAY BEACH FL 33484

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/26/1990
3a. Date of Last Report: 03/07/1994

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc. 5075 95th Ave South	27 Suite, Apt. #, etc. 5075 95th Ave South
23 City & State Lake Worth Fl	28 City & State Lake Worth Fl
24 Zip 33467 25 County P.B	29 Zip 33467 30 County P.B

4. FEI Number: 65-0178920 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CIALONE, PHILIP 5348 WOODLAND DR DELRAY BEACH FL 33484	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 _____ DATE 1/18/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition
NAME	CIALONE, PHILIP	1.2 NAME	
STREET ADDRESS	5348 WOODLAND DR	1.3 STREET ADDRESS	5075 95th Ave So. LAKEWOUTH
CITY-ST-ZIP	DELRAY BEACH FL	1.4 CITY-ST-ZIP	LAKE Worth, Fl 33467
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	CIALONE, JOSEPH	2.2 NAME	
STREET ADDRESS	5348 WOODLAND DR	2.3 STREET ADDRESS	5075 95th Ave South
CITY-ST-ZIP	DELRAY BEACH FL	2.4 CITY-ST-ZIP	LAKE Worth Fl 33467
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and 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: Philip Cialone 1/18/95 407-498-5900
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date — Daytime Phone #

0277027 CP