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 # L64090 (8)

1. Corporation Name
TROPICAL ENCOUNTERS, INC.

Principal Place of Business
% JOHN A. AMBROSIO
2049 NUREMBERG BLVD
PUNTA GORDA FL 33983

Mailing Address
% JOHN A. AMBROSIO
2049 NUREMBERG BLVD
PUNTA GORDA FL 33983

2. Principal Place of Business
21 2380 STONEGATE CIRCLE
Suite, Apt #, etc.
22 PORT CHARLOTTE, FL
City & State
23 33948
Zip 24 Country 25

2a. Mailing Address
26 2380 STONEGATE CIRCLE
Suite, Apt. #, etc.
27 PORT CHARLOTTE, FL
City & State
28 33948
Zip 29 Country 30

3. Date Incorporated or Qualified: 04/05/1990
3a. Date of Last Report: 06/06/1995
4. FEI Number: 65-0186875 ☐ 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
AMBROSIO, JOHN A.
2049 NUREMBERG BLVD
PUNTA GORDA FL 33983

10. Name and Address of New Registered Agent
81 Name: AMBROSIO JOHN A.
82 Street Address (P.O. Box Number is Not Acceptable): 2380 STONEGATE CIRCLE
83 PORT CHARLOTTE
84 City: FL 85 Zip Code: 33948

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: MAY 15, 1996

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (ADDRESS)	
TITLE	D	☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	AMBROSIO, JOHN A.		1.2 NAME	2380 STONEGATE CIRCLE
STREET ADDRESS	2049 NUREMBERG BLVD.		1.3 STREET ADDRESS	Port Charlotte FL 33948
CITY-ST-ZIP	PUNTA GORDA FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☑ Change ☐ Addition
NAME	AMBROSIO, JEANETTE		2.2 NAME	2380 STONEGATE CIRCLE
STREET ADDRESS	2049 NUREMBERG BLVD.		2.3 STREET ADDRESS	PORT CHARLOTTE FL 33948
CITY-ST-ZIP	PUNTA GORDA FL		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	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)(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: John Ambrosio [signature] 5/15/96 941 627-0500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Ph. #

CR2E034 (12/95)