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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

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Jan 15 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M00345

(2)

TROPICAL COMMUNICATIONS, INC.

	e of Business	Mail ng Address			ı akoloğir ili öğliğ kaşon ilili dibili bili		
9010 NW 80 AVE 2A		C/O WILLIAM F DEVIERNO 8635 SW 49 STREET	C/O WILLIAM F DEVIERNO				
HALEAH GARD	ENS FL 33016	COOPER CITY FL 33328-3	701				
US					3. Date Incorporated or Qualified   05/09/1984   3a. Date of Last Report   01/26/1996		
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number	1 3 3 7	Applied For
1		26			59-2405537		Not Applicable
Suite, Apt #, etc		Suite, Apt. #, etc.			5. Certificate of Status Desired	100	3.75 Additional
		27			ree Required		
City & State		City & State			6. Election Campaign Financing		<b>5.00</b> May Be
Zip	Country	<b>28</b>	Country		Trust Fund Contribution	· · · · · · · · · · · · · · · · · · ·	dded to Fees
4	25	29 21p	30		This corporation has liability for Florida Statutes	intangible tax ur Yes    No	
<u></u>	9. Name and Address of Curre		30		10. Name and Address of New Re		
DEVI	EDNO WILLIAM E		81	Name		<u> </u>	
DEVIERNO, WILLIAM F. 8635 SW 49 STREET			20 0				
	PER CITY FL 33328		82	Street Add	Iress (P.O. Box Number is Not Acceptab	ole)	
000	PEN ON I PE 33320		83				
							· · · · · · · · · · · · · · · · · · ·
			84	City		FL 85	Zip Code
I1. Pursuant to	o the provisions of Sections 607.05	02 and 607 1508. Florida Statute	es the above	e-named cor	poration submits this statement for the p		Laina its registered
	egistered agent, or both, in the Stat in familiar with, and accept the obliq				ition's board of directors. I hereby accep	ot the appointme	ent as registered
SIGNATURE.							
	Signature, typed or printed name of registered as	gent and fire if applicable INOTI	. Registered Age			DATE	
	OFFICERS AN	AD DIBLOTORS		sit oigilatore redo			CTORS IN 12
2.		ND DIRECTORS	13.	sik digitatore rego	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRE	
2.	PD	ND DIRECTORS DELETE	13.	sic agridure requ		CERS AND DIRE	
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INTED NAME OF SIGNING OFFICER OR DIRECTOR