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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 17 PM 11:20

DOCUMENT # **M42714** **(9)**

1. Corporation Name
TROPICAL INCENTIVES, INC.

Principal Place of Business	Mailing Address
% ROCKY RYAN 801-815 S. DIXIE HWY., W., SUITE #11 POMPANO BEACH FL 33060	% ROCKY RYAN 801-815 S. DIXIE HWY., W., SUITE #11 POMPANO BEACH FL 33060

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/04/1986
3a. Date of Last Report: 03/16/1994

2. Principal Place of Business	2a. Mailing Address
21 5197 N.W. 15TH ST.	26 5197 N.W. 15TH ST.
Suite, Apt. #, etc. 22 SUITE 126	Suite, Apt. #, etc. 27 SUITE 126
City & State 23 MARGATE, FL	City & State 28 MARGATE
Zip / Country 24 33063 / 25 USA	Zip / Country 29 33063 / 30 USA

4. FEI Number: 59-2746744 ☐ 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
RYAN, ROCKY 801-815 S. DIXIE HWY., W., SUITE #11 POMPANO BEACH FL 33060	81 Name: PONNOCK, MARIA ANN 82 Street Address (P.O. Box Number is Not Acceptable): 5197 N.W. 15TH ST. # 126 83 84 City: MARGATE FL 85 Zip Code: 33063

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 _____ 1/24/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	11 TITLE	OP ☑ Change ☐ Addition
NAME	PONNOCK, MARIA ANN	12 NAME	PONNOCK, MARIA ANN
STREET ADDRESS	1210 NE 26TH TERRACE	13 STREET ADDRESS	5197 N.W. 15TH ST. #126
CITY-ST-ZIP	POMPANO BEACH FL	14 CITY-ST-ZIP	MARGATE, FL 33063
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: _____ 1-24-95 305-[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0424845 FP