

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 # M42714 (9)

1. Corporation Name

TROPICAL INCENTIVES, INC.



Principal Place of Business

Mailing Address

~~V/O ROCKY RYAN~~
5197 N.W. 15TH ST., STE 126
MARGATE FL 33063
US

~~V/O ROCKY RYAN~~
5197 N.W. 15TH ST., STE 126
MARGATE FL 33063
US

2. Principal Place of Business

2a. Mailing Address

21 2097 NW 102 Terr

26 2097 NW 102 Terr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Coral Springs Fla

28 Coral Springs Fla

Zip

Zip

24 33071

29 33071

Country

Country

25 Broward

30 Broward

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PONNOCK, MARIA ANN
5197 N.W. 15TH ST.
SUITE 126
MARGATE FL 33063

81 Name MARIA Ann Ponnock

82 Street Address (P.O. Box Number is Not Acceptable)
2097 NW 102 Terrace

83

84

City Coral Springs FL 85 Zip Code 33071

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME PONNOCK, MARIA ANN
STREET ADDRESS 5197 N.W. 15TH ST. #126
CITY-ST-ZIP MARGATE FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V/O Rocky Ryan
1.2 NAME
1.3 STREET ADDRESS 5197 NW 15th St Ste 126
1.4 CITY-ST-ZIP Margate, Fla 33063
Change Addition

2.1 TITLE Maria Ponnock
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)