FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR 21 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N14783 (7)

1. Corporation Name

TROPICAL DISTRICT OF CIVITAN INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
1748 S.W. 97TH AVE. 730 PERRINE AVE. MIAMI FL 33157-5491 US	17408 SW. 97TH AVE. MIAMI FL 33157-5491 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/22/1986
3a. Date of Last Report: 02/18/1994
4. FEI Number: 59-2690294 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

LUDOVICI, PHILIP F., JUDGE
17408 SW. 97TH AVE.
MIAMI FL 33157

10. Name and Address of New Registered Agent

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
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	DG	1.1 TITLE	DG ☐ Change ☐ Addition
NAME	BAGGETT, HOWARD	1.2 NAME	
STREET ADDRESS	14301 CYPRESS CT	1.3 STREET ADDRESS	13238 SW 86th Street
CITY-ST-ZIP	MIAMI LAKES FL	1.4 CITY-ST-ZIP	Miami, Florida 33186
TITLE	DGE	2.1 TITLE	DGE ☐ Change ☐ Addition
NAME	MCHUGH, VINCENT J	2.2 NAME	Weeks, Robert B.
STREET ADDRESS	13238 SW 86 ST	2.3 STREET ADDRESS	5400 N. Ocean Drive
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Singer Island, Fl 33404
TITLE	DGE	3.1 TITLE	☐ Change ☐ Addition
NAME	RENEAU, JAMES	3.2 NAME	DGE
STREET ADDRESS	295 W SHADYSIDE CIR	3.3 STREET ADDRESS	Baggett, Howard
CITY-ST-ZIP	W PALM BCH FL	3.4 CITY-ST-ZIP	14301 Cypress Court
TITLE	DGE	4.1 TITLE	Miami Lakes, Fl. 33104 ☐ Change ☐ Addition
NAME	MORRIS, THOMAS R	4.2 NAME	DGE
STREET ADDRESS	388 PAYNE DR	4.3 STREET ADDRESS	Reneua, James
CITY-ST-ZIP	MIAMI SPRINGS FL	4.4 CITY-ST-ZIP	295 W. Shadyside Court
TITLE	T	5.1 TITLE	W. Palm Beach, Fl. 33401 ☐ Change ☐ Addition
NAME	MAZZA, SYLVIA	5.2 NAME	
STREET ADDRESS	760 FALCON AVE	5.3 STREET ADDRESS	SAME
CITY-ST-ZIP	MIAMI SPRINGS FL	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	S ☐ Change ☐ Addition
NAME	BAGGETT, LEFT M	6.2 NAME	Carranza, Florence
STREET ADDRESS	14301 CYPRESS CT	6.3 STREET ADDRESS	2404 SW 112th Avenue
CITY-ST-ZIP	MIAMI LAKES FL	6.4 CITY-ST-ZIP	Miami, Fl. 33165

14. I do hereby certify that the information appearing with this filing is voluntarily furnished and does not qualify for the exemption listed 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 3/16/95 305-649-0086
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

00033320