FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N36754

TROPICAL POST CARD CLUB, INC.

Principal Place of Business

Mailing Address

6880 SOUTHWEST 75TH TERRACE

6890 SOUTHWEST 75TH TERRACE

FILED Feb 21, 1999 8:00 am Secretary of State

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SOUTH MIAM!	FL 33143	SOUTH MIAMI FL 33143						
2. Principal F	Place of Business	2a. Mailing Address			3. Date Incorporated or Qualifed 02/22/1990			
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		4. FEI Number 65-0263144	Applied For Not Applicable			
City & Sta	te	City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required		
Zip 24	Country Zip Co. 25 29 30			#	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
	9. Name and Address of Curre	nt Registered Agent		,	10. Name and Address of New Re	gistered Ag	ent	
			81	Name		٠,		
MOORE, THOMAS G. 6880 S.W. 75TH TERRACE			82	82 Street Address (P.O. Box Number is Not Acceptable)				
	IIAMI FL 33143		83					
			84			FL	85 Zip C	
office or	to the provisions of Sections 617.050 registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was a	iuthonzed by	the comp	corporation submits this statement for the poration's board of directors. I hereby accept	urpose of characters the appointment	anging its i nent as reg	registered . jistered
SIGNATURE	Signature, typed or printed name of registered age	int and title if applicable. (NOTE	: Registered Age	nt signature	required when reinstating)	DATE.		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE				Change	☐ Addition
NAME	MOORE, THOMAS G.		1.2 NAME					
STREET ADDRESS			1.3 STREE	TADDRESS				
CITY-ST-ZIP	SOUTH MIAMI FL		1.4 CITY-1	ST-ZIP		·		
TITLE	D	☐ DELETE	2.1 TITLE			. [Change	☐ Addition
NAME	LADIN, BENJAMIN		2.2 NAME		·	٠.		
STREET ADDRESS	C-2043 NEWCASTLE DRIVE		2.3 STREE	TADDRESS				
CITY-ST-ZIP	BOCA RATON FL		2. 4 CITY-	ST-ZIP		. ~		
TITLE	D	☐ DELETE	3.1 TITLE				_ Change	☐ Addition
NAME	CARTER, EDWARD M		3.2 NAME					
STREET ADDRESS	400 NE 20 ST 202B		3.3 STREE	TADDRESS			. <i>*</i>	
CITY-ST-ZIP	BOCA RATON FL		3.4. CITY-	ST-ZIP			7.01	
TITLE		☐ DELETE	4.1 TITLE			L	Change	Addition
NAME			4. 2 NAME					•
STREET ADDRESS				TADORESS			• .	
CITY-ST-ZIP		☐ DELETE	4.4 CITY-1	ST-ZIP		·	Change	☐ Addition
TITLE			5.1 TITLE 5.2 NAME			L		AUGUUII
NAME CYDEET ADDRESS				TADDRESS	,	-		
STREET ADDRESS			5.4 C/TY-5				i	
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE	r 1 ' (gu) (. г	Change	Addition
NAME	İ	C DELETE	6.2 NAME			1		
				TADDRESS				
STREET ADORESS			6.4 CITY-5					
CITY-ST-ZIP	i .		VIII-V		1			

I hereby certify that the information supplied with this filing 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 617, Florida Statutes; and that my name appears in officer or director of the corporation of Block 12 or Block 13 if changed of pl

SIGNATURE: