## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPOBATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

N95000003393 (4) **DOCUMENT #** 

TROPICAL TROUPE, INC. Mailing Address Principal Place of Business % 2975 OVERSEAS HWY. % 2975 OVERSEAS HWY. MARATHON FL 33050 MARATHON FL 33050 3. Date Incorporated or Qualified 3a. Date of Last Report 07/18/1995 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 65-0516795 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Zio Ζıρ Country Yes No 30 Florida Statutes 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) MILLER, ROBERT K 82 % 2975 OVERSEAS HWY. 83 MARATHON FL 33050 Zip Code 85 84 City 11. Rursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicance ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 11 TILE P/D TITLE 1.2 NAME BAUER, PAMELA NAME 331 LAKE CHRISTINE DR. 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY - ST - ZIP BELLVIEW FL CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE S/D 2.2 NAME PULIS, JOANNE NAME 2 3 STREET ADDRESS RT. 1, BOX 609 STREET ADDRESS MARATHON FL 2 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3 1 TITLE TITLE Di Irene Moreira 3.2 NAME Trene Moreira NAME 417 Sombrero Beach Rd 3 3 STREET ADDRESS 417 Sombrero Beach Rd Marathon, fL 33050 STREET ADDRESS Marathon, FL 33050 34. CITY-ST-ZIP CITY - ST - ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST-ZIP 7000018829**9**% -07/03/96--01024--047 Addition DELETE 51 TITLE 5.2 NAME NAME 5 3 STREET ADDRESS \*\*\*61.25 STREET ADDRESS 54 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)(k), Florida Situres. 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 is if made under 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 is if made under certify 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 it changed, or on an attachment with an address.

61 TITLE

6.2 NAME

**63 STREET ADDRESS** 

64 CITY - ST - ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

ame KA SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF BAUER

PAMELA

Α.

DELETE

4-19-96 305743535-8

(12/95)CR2E037