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CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000003258 (0)**

1. Corporation Name
NORTHERN TROPICS, INC.

Principal Place of Business	Mailing Address
691 W. ELKCAM CIR. APT. 423 MARCO ISL FL 33937 US	691 W. ELKCAM CIR APT. 423 MARCO ISL FL 33937 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/10/1992**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business	2a. Mailing Address
21 1280 STONE Ct.	26 1280 Stone Ct.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Marco Island, FL.	City & State 28 Marco Island, FL.
Zip 24 33937 / County 25 US	Zip 29 33937 / County 30 US

4. FEI Number: **65-0368426** ☐ 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. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SINE, DONALD E 691 W. ELKCAM CIR APT. 423 MARCO ISLAND FL 33937	91 Name: SAME 92 Street Address (P.O. Box Number is Not Acceptable): 1280 Stone Ct. 93 94 City: Marco Island FL 95 Zip Code: 33937

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: Donald E. Sine 4-24-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	☒ Change ☐ Addition
NAME	SINE, DONALD E	12 NAME	
STREET ADDRESS	691 W. ELKCAM CIR., APT. 423	13 STREET ADDRESS	1280 STONE Ct.
CITY ST ZIP	MARCO ISLAND FL	14 CITY-ST-ZIP	Marco Island, FL. 33937
TITLE	SD	21 TITLE	☒ Change ☐ Addition
NAME	SINE, NANCY A	22 NAME	
STREET ADDRESS	691 W. ELKCAM CIR., APT. 423	23 STREET ADDRESS	1280 STONE Ct
CITY ST ZIP	MARCO ISLAND FL	24 CITY-ST-ZIP	Marco Island, FL 33937
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)(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: Donald E. Sine 4-24-95 813-394-4562
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0481761 FP