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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P93000012522**1. Corporation Name

TROPICAL PALM INVESTMENT CORP.

Principal Place	e of Business	Mailing Address				7 10511001 (15 15100 11111 00111 05117 00117	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
1400 COLONIAL	L BLVD.	1400 COLONIAL BLVD.						
SUITE 33 SUITE 33						DO NOT WRITE IN THI	S SPACE	
FT. MYERS FL 33907 FT. MYERS FL 33907						3. Date Incorporated or Qualifed		
						02/11/1993		
2 Dringing D	lace of Business	2a. Mailing Address				4. FEI Number	I A	oplied For
⊢ ¬ '	lace of business	i i				65-0399921		ot Applicable
Suite, Apt.	# etc	26 Suite, Apt. #, etc.	~~~~~~ <u>~~</u>					Additional
⊢	#, G.C.	27				5. Certifcate of Status Desired	·	equired
City & Stat	le .	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year I	ntangible	
24	25	29	30	-		Personal Property Tax.	Yes	□No
24	9. Name and Address of Curre	Lii.L				10. Name and Address of New Registered	d Agent	
				81	Name			
GRU	inert, juergen			00	01 4 4 4	(D.O. Bey Number in Net Assertable)		
1400	COLONIAL BLVD.			82	Street Addre	ess (P.O. Box Number is Not Acceptable)	•	ļ.
SUIT	TE 33			83				
FT. I	MYERS FL 33907				<i>.</i>	<u> </u>		
				84	City	F	85 Zip	Code
office or r	to the provisions of Sections 607.05t registered agent, or both, in the State im familiar with, and accept the obligation Signature, typed or printed name of registered age	of Florida. Such change was ations of, Section 607.0505, F	authorized Iorida Stati	i by ti utes.	-named corporation he corporation signature required	oration submits this statement for the purpose in s board of directors. I hereby accept the app	ointment as re	egistered
12.		ND DIRECTORS	13.	Agent	aignature reduired	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12
TITLE		AD DIRECTORO						
I THE	INDT	□ DELETE	1 1 TI	ΠF			Change	Addition
NACE :	OPT DIETED	☐ DELETE	1.1 TIT				Change	Addition
NAME	SEMMLER, DIETER	☐ DELETE	1.2 NA	WE	ADDDESS		Change	Addition
STREET ADDRESS	SEMMLER, DIETER 6277 BAD CAMBERY/TS	DELETE	1.2 NA 1.3 ST	ME REET A	ADDRESS		Change	Addition
STREET ADDRESS CITY-ST-ZIP	SEMMLER, DIETER 6277 BAD CAMBERY/TS GIESBERT LIEBER STR 18		1.2 NA 1.3 ST 1.4 CI	ME TY-ST-			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE	SEMMLER, DIETER 6277 BAD CAMBERY/TS GIESBERT LIEBER STR 18 SVPD	☐ DELETE	1.2 NA 1.3 ST 1.4 CI 2.1 TI	ME TREET A TY-ST- TLE				
STREET ADDRESS CITY-ST-ZIP TITLE NAME	SEMMLER, DIETER 6277 BAD CAMBERY/TS GIESBERT LIEBER STR 18 SVPD GRUNERT, JUERGEN		1.2 NA 1.3 ST 1.4 CF 2.1 TF 2.2 NA	AME TREET A TY-ST- TLE AME	ZIP			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS.	SEMMLER, DIETER 6277 BAD CAMBERY/TS GIESBERT LIEBER STR 18 SVPD GRUNERT, JUERGEN 11886 GRAND ISLE LN		1.2 NA 1.3 ST 1.4 CF 2.1 TF 2.2 NA 23 ST	ME TY-ST- TLE AME	ADORESS			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS. CITY-ST-ZIP	SEMMLER, DIETER 6277 BAD CAMBERY/TS GIESBERT LIEBER STR 18 SVPD GRUNERT, JUERGEN	☐ DELETE	1.2 NA 1.3 ST 1.4 CF 2.1 TF 2.2 NA 2.3 ST 2.4 C	TY-ST- TLE AME TREET A	ADORESS		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	SEMMLER, DIETER 6277 BAD CAMBERY/TS GIESBERT LIEBER STR 18 SVPD GRUNERT, JUERGEN 11886 GRAND ISLE LN		1.2 NA 1.3 ST 1.4 CC 2.1 TC 2.2 NA 2.3 ST 2.4 C 3.1 TC	TY-ST- TLE TREET AME TREET AME TREET ATT- TLE	ADORESS			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	SEMMLER, DIETER 6277 BAD CAMBERY/TS GIESBERT LIEBER STR 18 SVPD GRUNERT, JUERGEN 11886 GRAND ISLE LN	☐ DELETE	1.2 NA 1.3 ST 1.4 CF 2.1 TF 2.2 NA 2.3 ST 2.4 C 3.1 TF 3.2 NA	TY-ST- TLE TREET / TREET / TREET / TLE TREET /	ADDRESS		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	SEMMLER, DIETER 6277 BAD CAMBERY/TS GIESBERT LIEBER STR 18 SVPD GRUNERT, JUERGEN 11886 GRAND ISLE LN	☐ DELETE	1.2 NA 1.3 ST 1.4 CF 2.1 TF 2.2 NA 2.3 ST 2.4 C 3.1 TF 3.2 NA 3.3 ST	TY-ST- TLE TY-ST- TLE TREET / TLE TREET / TLE TREET /	ADDRESS		☐ Change	Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS. CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	SEMMLER, DIETER 6277 BAD CAMBERY/TS GIESBERT LIEBER STR 18 SVPD GRUNERT, JUERGEN 11886.GRAND.ISLE.LN. FT. MYERS FL 33913	☐ DELETE	1.2 NA 1.3 ST 1.4 CC 2.1 TT 2.2 NA 2.3 ST 2.4 CC 3.1 TT 3.2 NA 3.3 ST 3.4 CC 4.1 TT 4.2 NA	TY-ST- TLE AME TY-ST- TLE AME TREET / TLE AME	ADDRESS - ADDRESS - ZIP		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS. CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE	SEMMLER, DIETER 6277 BAD CAMBERY/TS GIESBERT LIEBER STR 18 SVPD GRUNERT, JUERGEN 11886.GRAND.ISLE.LN. FT. MYERS FL 33913	☐ DELETE	1.2 NA 1.3 ST 1.4 CC 2.1 TT 2.2 NA 2.3 ST 2.4 CC 3.1 TT 3.2 NA 3.3 ST 3.4 CC 4.1 TT 4.2 NA 4.3 ST	TREET A TY-ST- TLE TREET A	ADDRESS -ZIP ADDRESS -ZIP ADDRESS		☐ Change	Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	SEMMLER, DIETER 6277 BAD CAMBERY/TS GIESBERT LIEBER STR 18 SVPD GRUNERT, JUERGEN 11886.GRAND.ISLE.LN. FT. MYERS FL 33913	DELETE	1.2 NA 1.3 ST 1.4 CF 2.1 TF 2.2 NA 2.3 ST 2.4 CC 3.1 TF 3.2 NA 3.3 ST 3.4 CF 4.1 TF 4.2 NA 4.3 ST 4.4 CF 5.1 TF 5.2 NA 5.3 ST 5.4 CF 6.1 TF	TY-ST-TLE TY-ST-TLE THE	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP		☐ Change☐ Change☐ ☐ Change	Addition Addition Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME	SEMMLER, DIETER 6277 BAD CAMBERY/TS GIESBERT LIEBER STR 18 SVPD GRUNERT, JUERGEN 11886.GRAND.ISLE.LN. FT. MYERS FL 33913	DELETE DELETE	1.2 NA 1.3 ST 1.4 CI 2.1 TI 2.2 NA 2.3 ST 2.4 C 3.1 TI 3.2 NA 3.3 ST 3.4 CI 4.1 TI 5.2 NA 5.3 ST 5.4 CI 6.1 TI 6.2 NA	TY-ST- TLE AME	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP		☐ Change ☐ Change ☐ Change	Addition Addition Addition

6.4 CITY-ST-ZIP

14. 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 frue 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, with all other like empowered.

SIGNATURE: __

CITY-ST-ZIP

MUN (Juergen Grunest) SIGNATURE AND TYPED OR PRINTED

2-16-1999

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90006 023 ***150.00