

**FILE NOW: FILING FEE AFTER MAY 1 IS \$ 5.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P93000052842 (0)**

1. Corporation Name  
**TROPICLY MANAGEMENT, INC.**



Principal Place of Business Mailing Address  
**2445 30TH AVENUE, SOUTHWEST  
VERO BEACH FL 32968  
US** **POST OFFICE BOX 650913  
VERO BEACH FL 32965  
US**

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

3. Date Incorporated or Qualified <b>07/28/1993</b>	3a. Date of Last Report <b>04/17/1995</b>
4. FEI Number <b>65-0429730</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**DOTY, KEVIN S  
817 BEACHLAND  
VERO BEACH FL 32963**

**10. Name and Address of New Registered Agent**

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
B5	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 \_\_\_\_\_  
NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CORBIN, CHARLES L</b>	1.2 NAME	
STREET ADDRESS	<b>2445 30 AVE. S.W. VERO BEACH FL 32968</b>	1.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>VERO BEACH FL 32968</b>	1.4 CITY-STATE-ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YOUNG, RICHARD D</b>	2.2 NAME	
STREET ADDRESS	<b>3369 2ND PLACE VERO BEACH FL 31968</b>	2.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>VERO BEACH FL 31968</b>	2.4 CITY-STATE-ZIP	
TITLE	<b>S</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YONG, CONSTANCE</b>	3.2 NAME	
STREET ADDRESS	<b>3396 2ND PLACE VERO BEACH FL</b>	3.3 STREET ADDRESS	<b>Secretary YOUNG, CONSTANCE 3396 2ND PLACE VERO BEACH, FL. 32968</b>
CITY-STATE-ZIP	<b>VERO BEACH FL</b>	3.4 CITY-STATE-ZIP	
TITLE	<b>T</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CORBIN, BRENDA</b>	4.2 NAME	
STREET ADDRESS	<b>2445 30TH AVENUE S.W. VER BEACH FL</b>	4.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>VER BEACH FL</b>	4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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: *Richard D Young* **3-9-96** **562-5529**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)