


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jun 02 1998 8:00am
Secretary of State

| PROFIT CORPORATION, ANNUAL REPORT 1998 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
|---|--|--|--|
| DOCUMENT # 1. Corporation Name Tropic Installations, Inc. | | P930000058319 | |
| Principal Place of Business 12313 Tangerine Blvd West Palm Beach, Florida 33412 | | Mailing Address 12313 Tangerine Blvd West Palm Beach, Florida 33412 | |
| 2. Principal Place of Business 21 12313 Tangerine Blvd Suite, Apt. #, etc. 22 City & State 23 West Palm Beach, FL Zip 24 33412 Country 25 USA | | 2a. Mailing Address 26 12313 Tangerine Blvd Suite, Apt. #, etc. 27 City & State 28 West Palm Beach, FL Zip 29 33412 Country 30 USA | |
| 3. Date Incorporated or Qualified 8/16/93 | | 4. FEI Number 65-0435071 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | 10. Name and Address of New Registered Agent | |
| 9. Name and Address of Current Registered Agent Stryker Clifford 12313 Tangerine Blvd West Palm Beach, Florida 33412 | | 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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: _____ (Typed name of person whose name is registered agent and, if applicable, (Typed) Registered Agent signature required when reinstating) DATE _____ | | | |
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE D. <input type="checkbox"/> DELETE NAME Stryker Clifford STREET ADDRESS 12313 Tangerine Blvd CITY-ST-ZIP West Palm Beach, Florida 33412 | | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | |
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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 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:  Clifford Stryker

5/13/98

CR2E034 (10/97)