FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
'95 MAR -7 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000028763 (8)

1. Corporation Name
TROPICAL TORTUGA, INC.

Principal Place of Business
C/O KENT HUFFMAN, ESQ.
222 LAKEVIEW AVE., SUITE 710
WEST PALM BEACH FL 33401

Mailing Address
C/O KENT HUFFMAN, ESQ.
222 LAKEVIEW AVE., SUITE 710
WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/11/1994
3a. Date of Last Report:

2. Principal Place of Business
21 Tropical Tortuga Inc.
Suite, Apt. #, etc.
22 5911 S. Dixie Hwy.
City & State
23 W. Palm Beach, FL
Zip 24 33405 Country 25 USA

2a. Mailing Address
26 c/o Laurie C. Taylor
Suite, Apt. #, etc.
27 326 Potter Road
City & State
28 W. Palm Beach, FL
Zip 29 33405 Country 30 USA

4. FEI Number: 65-0493840 ☐ 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
HUFFMAN, KENT ESQ.
222 LAKEVIEW AVENUE
SUITE 710
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent
81 Name: c/o Laurie C. Taylor
82 Street Address (P.O. Box Number is Not Acceptable): 326 Potter Road
83
84 City: W. Palm Beach FL 85 Zip Code: 33405

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: Laurie C. Taylor President 2/27/95
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	HUFFMAN, KENT ESQ.
STREET ADDRESS	222 LAKEVIEW AVE., SUITE 710
CITY-ST-ZIP	WEST PALM BEACH FL 33401

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☑ Change ☐ Addition
1.2 NAME	Laurie C. Taylor	
1.3 STREET ADDRESS	326 Potter Rd.	
1.4 CITY-ST-ZIP	W. Palm Beach, FL 33405	
2.1 TITLE	D	☑ Change ☐ Addition
2.2 NAME	Laurie C. Taylor	
2.3 STREET ADDRESS	326 Potter Rd.	
2.4 CITY-ST-ZIP	W. Palm Beach, FL 33405	
3.1 TITLE	S	☑ Change ☐ Addition
3.2 NAME	Lillian P. Leas	
3.3 STREET ADDRESS	253 Esplanade Way	
3.4 CITY-ST-ZIP	Palm Beach, FL 33480	
4.1 TITLE	D	☑ Change ☐ Addition
4.2 NAME	Lillian P. Leas	
4.3 STREET ADDRESS	253 Esplanade Way	
4.4 CITY-ST-ZIP	Palm Beach, FL 33480	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I the 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)(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: Laurie C. Taylor Laurie C. Taylor 2/27/95 407-588-8228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0243110 CP