

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000028763 (8)

1. Corporation Name

TROPICAL TORTUGA, INC.



Principal Place of Business

TROPICAL TORTUGA, INC
5911 S. DIXIE HIGHWAY
W. PALM BEACH FL 33405
US

Mailing Address

TAYLOR, LAURIE C.
326 POTTER ROAD
W. PALM BEACH FL 33405
US

3. Date Incorporated or Qualified
04/11/1994

3a. Date of Last Report
03/07/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Lillian P. Leas

27 Suite, Apt. #, etc.

27 253 Esplanade Way

28 City & State

28 Palm Beach, FL

29 Zip

29 33480

30 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

C/O LAURIE C. TAYLOR
326 POTTER ROAD
SUITE 710
W. PALM BEACH FL 33405

10. Name and Address of New Registered Agent

81 Name

Lillian P. Leas

82 Street Address (P.O. Box Number is Not Acceptable)

253 Esplanade Way

83

84 City

Palm Beach

FL

85 Zip Code

33480

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

Lillian P. Leas

(NOTE: Registered Agent signature required when reinstating)

DATE

March 6, 1996

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME TAYLOR, LAURIE C.
STREET ADDRESS 326 POTTER ROAD
CITY-ST-ZIP W. PALM BEACH FL

TITLE S ☐ DELETE
NAME LEAS, LILLIAN P
STREET ADDRESS 352 ESPLANADE WAY
CITY-ST-ZIP PALM BEACH FL

TITLE D ☐ DELETE
NAME LEAS, LILLIAN P.
STREET ADDRESS 352 ESPLANADE WAY
CITY-ST-ZIP PALM BEACH FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Lillian P. Leas
1.3 STREET ADDRESS 253 Esplanade Way
1.4 CITY-ST-ZIP Palm Beach, FL 33480

2.1 TITLE S ☐ Change ☐ Addition
2.2 NAME Leas, Lillian P
2.3 STREET ADDRESS 253 Esplanade Way
2.4 CITY-ST-ZIP Palm Beach, FL 33480

3.1 TITLE D ☐ Change ☐ Addition
3.2 NAME Leas, Lillian P
3.3 STREET ADDRESS 253 Esplanade Way
3.4 CITY-ST-ZIP Palm Beach, FL 33480

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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 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:

Lillian P. Leas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 6, 1996

Day:

844.1974

Daytime Phone #

CR2E034 (12/95)