

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

APPROVED  
AND  
FILED

1997 JUL 30 PM 12:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000039901 (1)**

1. Corporation Name

**TROPICAL CONNECTIONS, INC.**

Principal Place of Business

**9915 N.W. 66TH MANOR  
PARKLAND FL 33076**

Mailing Address

**9915 N.W. 66TH MANOR  
PARKLAND FL 33076**

DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>05/26/1994</b>   | 3a. Date of Last Report<br><b>05/01/1996</b>           |
| 4. FEI Number<br><b>65-0495996</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75 Additional<br/>Fee Required</b>              |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00 May Be<br/>Added to Fees</b>                 |
| 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

81 Name

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

83

84 City

**FL**

85 Zip Code

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                |                           |                                 |
|----------------|---------------------------|---------------------------------|
| TITLE          | <b>P</b>                  | <input type="checkbox"/> DELETE |
| NAME           | <b>PINCUS, JOYCE</b>      |                                 |
| STREET ADDRESS | <b>9915 NW 66TH MANOR</b> |                                 |
| CITY-ST-ZIP    | <b>PARKLAND FL</b>        |                                 |
| TITLE          | <b>VP</b>                 | <input type="checkbox"/> DELETE |
| NAME           | <b>PINCUS, LAWRENCE</b>   |                                 |
| STREET ADDRESS | <b>1181 BROOKS ROAD</b>   |                                 |
| CITY-ST-ZIP    | <b>MADISON GA</b>         |                                 |
| TITLE          |                           | <input type="checkbox"/> DELETE |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |
| TITLE          |                           | <input type="checkbox"/> DELETE |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |
| TITLE          |                           | <input type="checkbox"/> DELETE |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 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    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | <b>900002257539--4</b>  |
| 3.3 STREET ADDRESS | <b>-08/05/97--01012--005</b>                                      |
| 3.4 CITY-ST-ZIP    | <b>***165.00 ***165.00</b>  |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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 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

**7-24-97**

**7-24-97**

**7-24-97**

CR2E034 (4/97)

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**RAPHAEL P. GREENSPAN, CPA, P.C.**

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Suite 300  
Carle Place, New York 11514

Telephone: (516) 333-2610

Fax: (516) 338-5798

July 21, 1997

Florida Department of State  
Division of Corporations  
Annual Reports Section  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

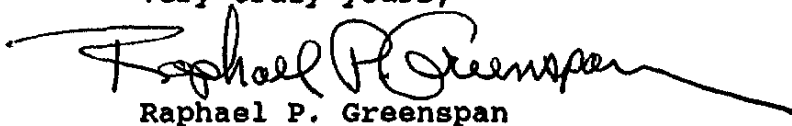
Re: Tropical Connections Inc.  
FEI # 65-0495996

Dear Sir/Madam:

We represent the captioned corporation and are writing in response to a 2nd notice received for 1997 Profit Corporation Annual Report. Our client has previously filed this report on January 3, 1997 (copy enclosed) along with check #3499 payable to Florida Department of State in the amount of \$165.00. The check has not been cleared as of yet. Therefore, our client is enclosing a new check for \$165.00 along with a new report. A stop payment will be requested for check #3499.

If you require further information, please contact the undersigned.

Very truly yours,

  
Raphael P. Greenspan

RPG/dal  
Enclosure