

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

FILED

May 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000041626 (0)**

1. Corporation Name  
**TROPICAL SENSATIONS, INC.**

Principal Place of Business <b>150 S ANDREWS AVE SUITE 201 POMPANO BEACH F 33063 US</b>	Mailing Address <b>% MR. JAMIN KM. C.P.A. 54 NORMAN AVE. AMITYVILLE NY 11701-4207</b>
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2. Principal Place of Business 21 <b>1331 South Dixie Hwy West</b>	2a. Mailing Address 26 <b>Suite 10A</b>	3. Date Incorporated or Qualified <b>06/03/1994</b>	3a. Date of Last Report <b>05/01/1996</b>
22 <b>Suite 10A</b>	27 <b>Suite, Apt. #, etc</b>	4. FEI Number <b>65-0500267</b>	Applied For Not Applicable
23 <b>Pompano Beach</b>	28 <b>City &amp; State</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
24 <b>33060</b>	25 <b>US</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
29 <b>33060</b>	30 <b>US</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>SCHEIDER, SCOTT 2801 N COURSE DR DAPT M203 POMPANO BEACH FL 33069</b>	10. Name and Address of New Registered Agent 81 Name <b>Schneider, Scott</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>200 South Birch Road</b> 83 <b>APT 711</b> 84 City <b>Ft Lauderdale</b> FL 85 Zip Code <b>33316</b>
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11. Pursuant to the provisions of Sections 607.0509 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]* (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SCHNEIDER, SCOTT J</b>		1.2 NAME <b>SCHNEIDER, SCOTT J.</b>	
STREET ADDRESS <b>2801 N COURSE DRIVE, APT M203</b>		1.3 STREET ADDRESS <b>200 South Birch Road APT 711</b>	
CITY-ST-ZIP <b>POMPANO BEACH FL</b>		1.4 CITY-ST-ZIP <b>Ft Lauderdale FL 33316</b>	
TITLE <b>S</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SCHNEIDER, SCOTT J.</b>		2.2 NAME <b>Schneider SCOTT J</b>	
STREET ADDRESS <b>2801 N. COURSE DR., APT. M203</b>		2.3 STREET ADDRESS <b>200 South Birch Road APT 711</b>	
CITY-ST-ZIP <b>POMPANO BEACH FL</b>		2.4 CITY-ST-ZIP <b>Ft Lauderdale FL 33316</b>	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 or changed, or on an attachment with an address.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)