

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000047942 (5)**

1. Corporation Name

**TROPICAL PROPERTY MAINTENANCE AND CONSTRUCTION, INC.**



Principal Place of Business

C/O US1 INVESTMENTS REALTY  
6245 N. FEDERAL HWY. 5TH FLOOR  
FT. LAUDERDALE FL 33308  
US

Mailing Address

6245 N. FEDERAL HWY  
5TH FLOOR  
FT. LAUDERDALE FL 33308  
US

2. Principal Place of Business

2a. Mailing Address

21 6245 N. Federal Hwy

26 6245 N. Federal Hwy

Subs. Apt. #, etc.

Subs. Apt. #, etc.

22 5th Floor

27 5th Floor

City & State

City & State

23 Ft. Lauderdale Fl

28 Ft. Lauderdale Fl

24 Zip 33308

25 Country Broward

29 Zip 33308

30 Country Broward

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
**06/23/1994**

3a. Date of Last Report  
**05/01/1995**

4. FEI Number  
**65-0502684**

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

10. Name and Address of New Registered Agent

**WARNER, J. STEVEN PA  
6245 N. FEDERAL HWY  
5TH FLOOR  
FT. LAUDERDALE FL 33308**

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 607.0405 and 607.1504, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Sections 607.0605, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

|                |                  |  |
|----------------|------------------|--|
| TITLE          | DP               | <input checked="" type="checkbox"/> DELETE |
| NAME           | DIRKSEN, VOLKMAR |  |
| STREET ADDRESS | 6650 NE 7 AVE    |  |
| CITY, ST, ZIP  | BOCA RATON FL    |  |
| 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  |                  |  |
| TITLE          |                  | <input type="checkbox"/> DELETE            |
| NAME           |                  |  |
| STREET ADDRESS |                  |  |
| CITY, ST, ZIP  |                  |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |                        |  |
|-------------------|------------------------|--|
| 11 TITLE          | D/P/S/T                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12 NAME           | Robert Chrisley        |  |
| 13 STREET ADDRESS | 249 Palmleaf ct.       |  |
| 14 CITY, ST, ZIP  | Coconut Creek Fl 33073 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 21 TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 22 NAME           |                        |  |
| 23 STREET ADDRESS |                        |  |
| 24 CITY, ST, ZIP  |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 31 TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 32 NAME           |                        |  |
| 33 STREET ADDRESS |                        |  |
| 34 CITY, ST, ZIP  |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 41 TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 42 NAME           |                        |  |
| 43 STREET ADDRESS |                        |  |
| 44 CITY, ST, ZIP  |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 51 TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 52 NAME           |                        |  |
| 53 STREET ADDRESS |                        |  |
| 54 CITY, ST, ZIP  |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 61 TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62 NAME           |                        |  |
| 63 STREET ADDRESS |                        |  |
| 64 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 biennial report is true and accurate and that my signature shall have the same legal effect as it may under laws that I am an officer or director of the corporation or the trustee 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 provided, of this statement with an address.

SIGNATURE:

*Robert Chrisley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-96 (954) 776-2300

CR2E034 (12/95)