

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

APPROVED AND FILED

95 JUL -3 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000062667 (8)

1. Corporation Name

TROPICAL PRODUCTS TRADING INC.

Principal Place of Business

2216 CYPRESS BEND DR NORTH
BLDG. 14, SUITE 408
POMPANO BEACH FL 33069

Mailing Address

2216 CYPRESS BEND DR. NORTH
BLDG. 14, SUITE 408
POMPANO BEACH FL 33069

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/22/1994

3a. Date of Last Report

2. Principal Place of Business

21 1216 W DIXIE HWY

2a. Mailing Address

26

4. FEI Number

65-0545447

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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 delinquency fees under the Florida Statutes

Yes No

State, Apt # etc

State, Apt # etc

City & State

23 FT. LAUDERDALE FL

City & State

28

City

24 33305

County

25 BROWARD

City

29

County

30

9. Name and Address of Current Registered Agent

LOTT, JOSPEH P
2216 CYPRESS BEND DR. NORTH
BLDG. 14, SUITE 408
POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent

01 Name

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

03

04 City

FL

05

Zip Code

11. Pursuant to the provisions of Sections 607.0902 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent of 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 607.0905, Florida Statutes.

SIGNATURE

Signature of current registered agent (print name)

Signature of new registered agent (print name)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)

01 TITLE	PRESIDENT
02 NAME	JOSEPH P. LOTT
03 STREET ADDRESS	2216 CYPRESS BEND DR NORTH BLDG 14 P/408
04 CITY & STATE	POMPANO BEACH FL 33069
05 TITLE	
06 NAME	
07 STREET ADDRESS	
08 CITY & STATE	
09 TITLE	
10 NAME	
11 STREET ADDRESS	
12 CITY & STATE	
13 TITLE	
14 NAME	
15 STREET ADDRESS	
16 CITY & STATE	

17 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
18 NAME	ROSS N. JONES	
19 STREET ADDRESS	2612 SE 4 AVE	
20 CITY & STATE	FT. LAUDERDALE FL 33316	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY & STATE		
25 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
26 NAME		
27 STREET ADDRESS		
28 CITY & STATE		
29 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
30 NAME		
31 STREET ADDRESS		
32 CITY & STATE		
33 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
34 NAME		
35 STREET ADDRESS		
36 CITY & STATE		

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(2)(b), Florida Statutes. I further certify that the information requested on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if my name were written thereon as 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 on Block 12 or 13 or 14 of this report, or on an attachment with an address.

SIGNATURE:

J. P. Lott
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

5/23/95

305-524-7717
324-5562