

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000064594 (2)

1. Corporation Name:

TROPICAL DRIVE SERVICE, INC.

Principal Place of Business

Mailing Address

917 1/2 28TH AVE.
TAMPA FL 33605

917 1/2 28TH AVE.
TAMPA FL 33605

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/29/1994
3a. Date of Last Report:

2. Principal Place of Business

2a. Mailing Address:

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

4. FEI Number: 59-3265876
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. 100.032 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ABRAHAM & CHRISTIANSEN, INCORPORATED
3808 GUNN HWY
TAMPA FL 33624

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
FL B5 Zip Code

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 agent 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 of Agent or Registered Agent and the Registered Agent

Signature of Registered Agent (signature required when the change is not)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: D
NAME: PIZARRO, JUAN JR
STREET ADDRESS: 917 1/2 28TH AVE.
CITY, ST, ZIP: TAMPA FL 33605

1. TITLE: Change Addition
2. NAME:
3. STREET ADDRESS:
4. CITY, ST, ZIP:

TITLE: Pizarro, Juan Jr
NAME: Pizarro, Juan Jr
STREET ADDRESS: 917 1/2 28th Ave
CITY, ST, ZIP: TAMPA FL 33605

5. TITLE: Change Addition
6. NAME:
7. STREET ADDRESS:
8. CITY, ST, ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

9. TITLE: Change Addition
10. NAME:
11. STREET ADDRESS:
12. CITY, ST, ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

13. TITLE: Change Addition
14. NAME:
15. STREET ADDRESS:
16. CITY, ST, ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

17. TITLE: Change Addition
18. NAME:
19. STREET ADDRESS:
20. CITY, ST, ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

21. TITLE: Change Addition
22. NAME:
23. STREET ADDRESS:
24. CITY, ST, ZIP:

14. I hereby certify that the information supplied with this filing is substantially true and correct and comply with the requirements stated in Sections 130.021(4)(b) Florida Statutes. I further certify that the information is based on the annual report or supplemental annual reports, true and correct and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the registered agent empowered to execute this report as required by Chapter 137, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on the front with an address.

SIGNATURE: *Juan Jr Pizarro*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/95 815-221-0411