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

CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT OF STATE

## Sandra Be Mortinam

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400070551 (4)

TROPICAL MANAGEMENT, INC.

Principal Place of Business Mailing Address 7710 W HWY. 192 7710 W HWY. 192 KISSIMMEE FL 34748 KISSIMMEE FL 34747-1741 3a. Date of Last Report 3. Date incorporated or Qualified 09/22/1994 11/21/1996 Principal Place of Business Mailing Address 4. FEI Numbe 59-3270941 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Country Zip Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes .... No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name JAFFAR, MAHBOOB 10121 CARRINGTON COURT Street Address (P.O. Box Number is Not Acceptable) OF ANDO FL 32836

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.

83 84 City

**SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE\_Registered Agent's griature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition PVS 1.1 TITLE TITLE ali. Ashiq 1.2 NAME NAME 10540 RAMBLEWOOD RD 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32821 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE JAFFAR, MAHBOOB NAME 2.2 NAME 10121 CARRINGTON COURT 2.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32838 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE 31 THLE ☐ Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS City-St-ZiF 3.4. CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - \$1 - ZIP CITY-ST-ZIP Change DELETE Addition TITLE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP TiTt F DELETE 6.1 TITLE Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

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 of an attachment with an address.

HEOUTH D

04-30-97 (407) 352-3317

**FILED** 

Jun 16 1997 8:00am

Secretary of State

Applied For

Zip Code

Not Applicable