## 2003 FOR PROFIT CORPORATION

UN	IFORM BUSINES:	S REPORT	' (UBR	)	Aug 21, 20				
1. Entity Nan	MENT # P940000 TROPICALS, INC.	)72441 ✓			Secretary 08-21-2003 9013				
23700 S. DIXIE HWY		Mailing Address P.O. BOX 700248 GOULDS FL 33170-0248					)( <b>11)</b> (12)(13)(13)(13)(13)(13)(13)(13)(13)(13)(13	1011 MH 1111	
Principal Place of Business     3. M		. Mailing Address			ł 1001/1061 (10 101/10 101/10 101/10 101/10 101/10 101/10 101/10 101/10 101/10 101/10 101/10 101/10 101/10 101/	iil <b></b>	1100 1101 1	/116)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF M	MAKING CH	IANGES		
City & State		City & State			4. FEI Number 65-0523613			plied For t Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired		.75 Add	litional	
	6. Name and Address of Current Regis	tered Agent			7. Name and Address of New Regis	tered Age	nt		
SCHAEFER, WILLIAM				Name MICHAEL VANDER BEEK Street Address (P.O. Box Number is Not Acceptable)					
23700 S. DIXIE HWY									
MIAMI FL 33032				<u>2370</u>	O S DIXIE HWY				
;			City	City MIAMI FL Zinca			Zip Code	532	
the obligat	e named entity submits this statement for the pations of registered agent.  Signature, typed or prijed name of registered agent and title  ILE NOW!!! FEE IS \$550.00  ptember 10, 2003 Fee will be \$750.00		Registered Agent signati		8/19/0	DATE	\$5.06	O May Be	
	k Payable to Florida Department of Stat	L	<del></del>			_			
TITLE	OFFICERS AND DIREC	Delete	11. TITLE	SDOC	ADDITIONS/CHANGES TO OFFICE TER LEIFERMAN N		RECTORS Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	SCHAEFER, WILLIAM 23700 S. DIXIE HWY MIAMI FL 33032	C Distolig	NAME STREET ADDRESS CITY-ST-ZIP	29	801 SW 184 TH CT MESTEAD FL 330		onungo		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COUTURE, CHRISTOPHER 30650 QUEBEC AVE KETTLEMAN CITY CA 93239	Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIK 270.	<del>~~~</del>	X	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COUTURE, STEPHEN 30650 QUEBEC AVE KETTLEMAN CITY CA 93239	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-			Change :-	Addition	
TITLE Name Street address City-St-Zip	D COUTURE, WILLIAM P 30650 QUEBEC AVE KETTLEMAN CITY CA 93239	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VANDERBEEK, MICHAEL 27051 S.W. 155 AVE. HOMESTEAD FL 33033	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

WWW. THE KEUDINED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(3a5\258-1444