FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000074816 (7)

1. Corporate Name

TROPICAL APPRAISAL CORPORATION

Principal Place of Business
4797 N.W. 5TH COURT
COCONUT CREEK FL 33063

Mailing Address
4797 N.W. 5TH COURT
COCONUT CREEK FL 33063

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/12/1994
3a. Date of Last Report:

2. Principal Office Address
21
22 Suite, Apt. # etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. # etc.
28 City & State
29 Zip
30 Country

4. FEI Number: 65-0539779 ☐ 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. The corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WEBB, SCOTT
4797 N.W. 5TH COURT
COCONUT CREEK FL 33063

10. Name and Address of New Registered Agent

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 607.0502 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.

SIGNATURE [signature] Scott L. Webb President 5/1/95

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	WEBB, SCOTT
STREET ADDRESS	4797 N.W. 5TH COURT
CITY-ST-ZIP	COCONUT CREEK FL 33063
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (☐ Change ☐ Addition for each of entries 1–6: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP) — blank

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)(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 on an attachment with an address.

SIGNATURE: [signature] Scott L. Webb 5/1/95 305-968-7177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

0106971 CP