

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 28 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000076985 (8)**

1. Corporation Name

TROPICAL STATION, INC.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/19/1994

3a. Date of Last Report

4. FEI Number

59-3282028

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. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

10. Name and Address of New Registered Agent

81 Name

David M. Mechanik

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

111 E. Madison St., Suite 2300

83

Tampa, FL 33602

84 City

FL

85 Zip Code

9. Name and Address of Current Registered Agent

**MERCHANIK, DAVID M
111 E MADISON ST
SUITE 2300
TAMPA FL 33602**

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

David M. Mechanik

Signature (typed or printed name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

3/13/95

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

**President
Glenn C. Christenson
P.O. Box 26448 N/A
Las Vegas, NV 89126**

☐ Change ☒ Addition

**Secretary
Scott M. Nielson
P.O. Box 26448 N/A
Las Vegas, NV 89126**

☐ Change ☒ Addition

**Asst. Secretary
Robert E. Bruce
P.O. Box 26448 N/A
Las Vegas, NV 89126**

☐ Change ☒ Addition

**Director
Scott M. Nielson
P.O. Box 26448 N/A
Las Vegas, NV 89126**

☐ Change ☒ Addition

**Director
Glenn C. Christenson
P.O. Box 26448 N/A
Las Vegas, NV 89126**

☐ Change ☒ Addition

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)(k), 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:

Scott M. Nielson
Typed and printed name of signing officer or director

**3/9/95 (702)
367-2458**