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FILED
Sep 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000076985 (8)
1. Corporation Name
TROPICAL STATION, INC.



Principal Place of Business

Mailing Address

% DAVID M MECHANIK
111 E MADISON ST SUITE 2300
TAMPA FL 33602

% DAVID M MECHANIK
111 E MADISON ST SUITE 2300
TAMPA FL 33602-4708

3. Date Incorporated or Qualified 10/19/1994
3a. Date of Last Report 05/01/1996

2. Principal Place of Business

21 c/o David M. Mechanik

2a. Mailing Address

26 c/o David M. Mechanik

4. FEI Number

59-3282028

Applied For

Not Applicable

Suite, Apt. #, etc.

22 101 E. Kennedy Blvd. Ste. 1760

Suite, Apt. #, etc.

27 101 E. Kennedy Blvd. Ste. 1760

6. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

City & State

23 Tampa, FL

City & State

28 Tampa, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24 33602

Country

25 USA

Zip

29 33602

Country

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81

Name David M. Mechanik

82

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

101 E. Kennedy Blvd.

83

Suite 1760

84

City
Tampa

FL

85

Zip Code
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

(Change of address only)

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CHRISTENSON, GLENN C.
STREET ADDRESS P.O. BOX 28448 N/A
CITY-ST-ZIP LAS VEGAS NV 89126 ☐ DELETE

TITLE SD
NAME NIELSON, SCOTT M.
STREET ADDRESS P.O. BOX 28448 N/A
CITY-ST-ZIP LAS VEGAS NV 89126 ☐ DELETE

TITLE AS
NAME BRUCE, ROBERT E.
STREET ADDRESS P.O. BOX 28448 N/A
CITY-ST-ZIP LAS VEGAS NV 89126 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 on an attachment with an address.

CR2E034 (9/96)