

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90063 024 ***150.00

DOCUMENT # P94000076985

1. Corporation Name

TROPICAL STATION, INC.

Principal Place of Business

%DAVID M MECHANIK
101 E KENNEDY BLVD. STE 1760
TAMPA FL 33602
US

Mailing Address

%DAVID M MECHANIK
101 E KENNEDY BLVD. STE 1760
TAMPA FL 33602
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/19/1994

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 c/o David M. Mechanik
Suite, Apt. #, etc.

22 101 E. Kennedy Blvd., St 3140
City & State

23 Tampa, Florida

Zip Country

24 33602

25 Hillsborough

2a. Mailing Address

26 c/o David M. Mechanik
Suite, Apt. #, etc.

27 101 E. Kennedy Blvd., St 3140
City & State

28 Tampa, Florida

Zip Country

29 33602

30 Hillsborough

9. Name and Address of Current Registered Agent

MECHANIK, DAVID M
101 E KENNEDY BLVD
STE 1760
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

David M. Mechanik, Esquire

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

101 E. Kennedy Blvd.,

83 Suite 3140

84 City

Tampa, Florida

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 ☐ DELETE

NAME CHRISTENSON, GLENN C.

STREET ADDRESS P.O. BOX 26448 N/A

CITY-ST-ZIP LAS VEGAS NV 89126

TITLE ☐ DELETE

NAME NIELSON, SCOTT M.

STREET ADDRESS P.O. BOX 26448 N/A

CITY-ST-ZIP LAS VEGAS NV 89126

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

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CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Days/Time Phone #

702/367-2458

CR2E034 (11/98)

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