

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000002699 (3)

1. Corporation Name

TROPICAL REBAR, INC.



Principal Place of Business

20191 E. COUNTRY CLUB DR.
SUITE 2303
NORTH MIAMI BEACH FL 33180

Mailing Address

20191 E. COUNTRY CLUB DR.
SUITE 2303
NORTH MIAMI BEACH FL 33180

2. Principal Place of Business

2a. Mailing Address

21 9035 S. ORCHARD RD

26 9035 S. ORCHARD RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 DAVIE FL

28 DAVIE FL

Zip

Country

Zip

Country

24 33328

25 BROWARD

29 33328

30 BROWARD

9. Name and Address of Current Registered Agent

ROSENTHAL, KERRY E
1031 N. MIAMI BEACH BLVD.
NORTH MIAMI BEACH FL 33162

3. Date Incorporated or Qualified

01/09/1995

3a. Date of Last Report

FIRST

4. FEI Number

65-0549412

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 ☐

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name ROBERT J. SCHUERGER

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

9035 S. ORCHARD RD

83 DAVIE, FLORIDA

84 City DAVIE FLORIDA

85 Zip Code FL 33328

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

Robert J. Schuerger

ROBERT J. SCHUERGER

4/25/96

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME SCHUERGER, ROBERT J
STREET ADDRESS 20191 E. COUNTRY CLUB DR., SUITE 2303
CITY-ST-ZIP NORTH MIAMI BEACH FL 33180

TITLE
NAME
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRES
1.2 NAME ROBERT J. SCHUERGER
1.3 STREET ADDRESS 9035 S. ORCHARD RD
1.4 CITY-ST-ZIP DAVIE, FL 33328

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

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 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 in person; 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:

Robert J. Schuerger

ROBERT J. SCHUERGER

4/25/96

954 234 08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)