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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000019032 (8)

TROPICAL CONDOMINUM SERVICE, INC.

Principal Place of Business	Mailing Address
122 85TH AVE. NORTH ST PETERSBURG FL 33702	P.O. BOX 20213 ST PETERSBURG FL 33742-0213

## **FILED** May 02 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 822 85TH AVE. NORTH P.O. BOX 20213 ST PETERSBURG FL 33702 ST PETERSBURG FL 33742-0213		3. Date Incorporated or Qualified 3. Date of Last Report						
					3. Date Incorporated or Qualified 03/06/1995		te of Last FI 11/1996	eport
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number 59-3285727		<del> </del>	oplied For ot Applicable
Suite, Ap	l #, etc.	Suite, Apt. #, etc.	<del></del>		5. Certificate of Status Desired		\$8.75	Additional equired
City & Sto	ate	City & State			B. Election Campaign Financing     Trust Fund Contribution			May Be to Fees
Zib	Country	Zip	Count	ry	8. This corporation has liability for			
24	25 9. Name and Address of Curre	29	30		Florida Statutes  10, Name and Address of New Re	Yes [		
ne.	GOLYER, LARRY W	aur Meðisreien Mögur		1 Name	10. Name and Address of New A	Aisteran s	Chain	
	2 85TH AVE., NORTH		8		ddress (P.O. Box Number is Not Accepta	blo)		
	PETERSBURG FL 33702				odress (F.O. box raumber is raol Accepta			
			8	3				
			8	4 City		FL	<b>85</b> Zip	Code
agent. I	registered agent, or both, in the Stat am familiar with, and accept the oblig							
SIGNATURE 12.	Signature typed or pented name of registered a OFFICERS AI		OTE: Registered A	igent signature re	equired when reinstating)  ADDITIONS/CHANGES TO OFFI	DATE CERS AND		
SIGNATURE  12. TITLE NAM: STREET ADDRESS	Signature, typical or pointed name of registered a OFFICERS AI P DEGOLYER, LARRY	gent and title if applicable (ND DIRECTORS	OTE: Registered A  13.  1.1 TITLE  1.2 NAM  1.3 STRE	igent signature re	equired when reinstaing)  ADDITIONS/CHANGES TO OFFI  OF Golyan, Michael C  822 850 Aur N	DATE CERS AND	DIRECTOR	RS IN 12
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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 one attachment with an address.