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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

P95000036129 (1)

TROPICAL CLIMA-COAT, INC.

	ore dening dozen, indo-				
Principal Place of Business		Mailing Address			- I TREATERACTIO FRINCE RELEA SASAR BORNE DOTAL DOTAL THAT BROWN TIDIO WERE THAT ADDI
3798 NW 16TH ST FT LAUDERDALE FL 33349		3798 NW 16TH ST FT LAUDERDALE FL 33349			
					3. Date Incorporated or Qualified Sa. Date of Last Report 05/03/1995
2. Principal Place of Business		28. Mailing Address			4. FEI Number Applied For
21] Suite, Apt. ≢	#. etc.	Suite, Apt. #, etc.		· · · · · · · · · · · · · · · · · · ·	65 - 0584553 Not Applicable 5 Codificate of Status Decision III \$8.75 Additional
[22]		27			5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip Country		Zip	F		This corporation has liability for intangible tax under s 199.032,
24 25 9. Name and Address of C		29 30 30 ent Registered Agent			Florida Statutes Yes No 10, Name and Address of New Registered Agent
			81	Name	10. Harris and Address of Hoth Hagistorian Agent
EPSTEIN, KENNETH 82 Street AC				Street Addr	ress (P.O. Box Number is Not Acceptable)
	V 16TH ST				030 (1 - 1 - 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
FT LAUE	DERDALE FL 33349		83		
			64	City	FL 85 Zip Code
11. Pursuant to	o the provisions of Sections 607.05	02 and 607.1508, Florida Statut	tes, the above-r	named corpor	ration submits this statement for the purpose of changing its registered office and of directors. I hereby accept the appointment as registered agent. I am
familiar wite	n, and accept the obligations of Go	ection 607.0505, Flooda Stroites	S.		to or orectors, i hereby accept the appointment as registered agent. I am
SIGNATURE	Signature system or printed name of registered	> Zipila	ar - 3.33.553.553	 	
12.		AND DIRECTORS	OTE: Registered Agen	t signature required	d when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1. 1 TITLE		☐ Change ☐ Addition
NAME	EPSTEIN, MILTON		1.2 NAME		
STREET ADDRESS	4017 BUCHANAN DR		1.3 STREET	ADDRESS	
CHTY-ST-ZIP	HAMPTON VA 23669		1.4 CITY-S	T-ZIP	
TRICE			2 1 TITLE		Change Addition
NAME	EPSTEIN, DORA		2.2 NAME		
STHEET ADDRESS	4017 BUCHANAN DR HAMPTON VA 23669		2 3 STREET		
CITY-ST-7IP TITUE	NAMPTON VA 23009	TT DELETE	2 4 CITY-S 3 1 TITLE	T-ZIP	Change D Addition
NAME			3.2 NAME		Change Addition
STREET ADDRESS			3.3 STREET	ADDRESS	V··
CITY S' ZIP			3.4 CITY - S		
TIFLE		☐ DELETE	4. 1 TITLE		☐ Change ☐ Addition
NAME.			4.2 NAME		
STREET ADDRESS			4.3 STREET	ADDRESS	
C-TY - ST - 7/6*			4.4 CITY - S	T - ZIP	
TITLE		☐ DELETE	5 1 TITLE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5 3 STREET	ADDRESS	
City St - ZiP		FT3 DC: EXC	5 4 CITY - S	T-ZIP	
THE		☐ DEFELE	6 1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			62 NAME	ADDDECC	
CHY-SI-ZIP			6 3 STREET 6 4 CITY - S		
14. I do hereby	certify that the information supplie	d with this filing is voluntarily furr	nished and does	s not qualify fo	or the exemption stated in Section 119.07(3)(k), Florida Statutes. I further
certify that oath, that I	The information indicated on this ar	inual report or supplemental ann poration or the receiver or truste	nual report is tru ee empowered t	ie and accilica	te and that my signature shall have the same legal effect as if made under s report as required by Chapter 607, Florida Statutes; and that my name

GNATURE: X II CL & C S/3 CM FOR EPSTEIN FOL 8, 1996 Sey-7234813

CR2E034 (12/95)