2000. UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000044022 1. Entity Name

TROPIC AIRPOWER, INC.

SIGNATURE: 1

Principal Place of Business Mailing Address 2633 LANATANA RD. 2633 LANATANA RD. BLDG. 1301 BLDG. 1301 LANTANA FL 33462-2479 LANTANA FL 33462 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 02, 2000 8:00 am Secretary of State

03-02-2000 90096 025 ***150.00



DO NOT WRITE IN THIS SPACE

Pint Application Pint Applic	City & State		City & State		4. FEI Number 65-0643897			pplied For
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Addres		<u></u>	<u> </u>					
Name	Zip	Country	Country					
STREET ADDRESS OFFI-CERS AND DIRECTORS IT LAKE WORTH FL 33463 STREET ADDRESS OFFI-CERS AND DIRECTORS IT LAKE WORTH FL 33463 STREET ADDRESS OFFI-CERS AND DIRECTORS IT LAKE WORTH FL 33463 STREET ADDRESS OFFI-CERS AND DIRECTORS IT LAKE WORTH FL 33463 STREET ADDRESS OFFI-CERS AND DIRECTORS IT LAKE WORTH FL 33463 TILE NAME TILE TILE NAME TILE TIL		6. Name and Address of Current	Registered Agent		7. N	Name and Address of New Regis	tered Agent	٠,٠
Atter MAY 1, 2000 Fee will be \$50.00 May Be Addition of the process of back of the process of the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. Signature: 9. This corporation is eligible to satisfy its Intangible Tax Riting requirement and elects to do so. Make Check Praylable to Department of State 11.				Name				. ****
8. The above named entity submits this statement for the purpose of changing lits registered office or registered agent, or both, in the State of Florida. SIGNATURE Synature, typed or prince range of ingitation agent and tibe if applicable. (NOTE Flogidated Agent signature legal, or both, in the State of Florida.	6114	Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its intangeled agent end delet agentedus. (See criteria on back) 11.	LAKE	E WORTH FL 33463						
SIGNATURE 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Addition				City			FL Zip Coo	ie
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) After MAY 1,2000 Fee will be \$550.00 Make Check Payable to Department of State Trust Fund Contribution. \$5.00 May Be Added to Fees	8. The above	named entity submits this statement fo	r the purpose of changing its	registered office or regis	stered ag	ent, or both, in the State of Florida.		
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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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.	of the cor	rporation or the receiver or trustee empt	owered to execute this report	as required by Chapter	ne same 607, Flori	ida Statutes; and that my name ap	pears in Block 11 o	or Block 12 if