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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATI

Sandra B. Mortham

May 19 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P95000069630 (8)

TROPICAL TRIO, INC.

Principal Plac	a of Rusiness	Mailing Address				
360 SKINNER I DUNEDIN FL 3	BOULEVARD					
		. .		3. Date Incorporated or Qualified 09/11/1995	3a. Date of Last R 04/29/1996	leport
2. Principal P	lace of Business	2a. Mailing Address		4. FET Number 59-3333388	t · `·	oplied for of Applicabl
Suite, Apt.	#, etc.	Suite, Apt. #, etc		Certificate of Status Desired	\$8.75	
City & State	3	City & State		6. Election Campaign Financing	\$5.00	
3		28		Trust Fund Contribution		to Fees
Zip 4	Country 25	7(p) [29]	Country		Yes 🔲 No	. 199 032,
*1 JF	9. Name and Address of Curren		81 Name	10. Name and Address of New Reg	jistered Agent	
	LAW FIRM OF LAWRENCE J SI ALMERIA AVENUE	HEGEL CHRID				
	RAL GABLES FL 33134		82 Street Add	lress (P.O. Box Number is Not Accented	le)	
			83	r .		
			84 City		- 85 Zin (Corlo
				poration submits this statement for the pition's board of directors. Hereby acception	FL	
SIGNATURE 12. TITLE	Signature typed or princed name of its potential age OFFICERS ANI		(NOTE: Degistered Agent signature requests) 13. 1.1 HUE	ired will en refrestatio g) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTOR Change	RS IN 12
NAME	DEUFEL, BETHANN	L.J preen	1.2 NAME		LI Change	L_3 Modific
STREET ADDRESS	360 SKINNER BOULEVARD		1 3 STREET ADDRESS			
CITY-ST-ZIP	DUNEDIN FL 34698	.,	1.4 C(TY-ST-74P			
IIILE	st Muehling, Diane L	[_] DELETE			L_I Change	[_] Additio
name Street address	360 SKINNER BOULEVARD		2.2 NAME 2.3 STREET ADDRESS			
CITY-ST-ZIP	DUNEDIN FL	DELET	2 4 CITY - ST - 7IP		☐ Change	. Additio
NAME		L_J beren	3.1 THE 3.2 NAMI		L Charigo	ADDIR
STREET ADDRESS			3.3 STHEET ADDRESS			
CITY-ST-ZIP			3.4. Crty - \$1 - ZiP			
TITLE	·	☐ DELFTI	4.1 MILE		Change	Additio
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST- Z IP		DECET	4.4 CITY - ST - 7IF		Change	T Addition
IAME		peten	5.1 TRUE 5.2 NAME		F"I cusufic	L_] Additi
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-7/P			
IIILE		DELETE			☐ Change	Additio
NAME :			6.2 NAME		. — · · · · v	
STREET ADDRESS	• •		6.3 \$TREE1 ADDRESS			
			6.4 C/TY+ST-7IP			
CITY-ST-ZIP 14. I do heret Informatio I am an o	n indicated on this annual report or s	supplemental annual repor the receiver or trusted en	6.4 City - \$1-7if qualify for the exemption state it is true and accurate and tha apowered to execute this repo	d in Section 119.07(3)(i), Florida Statutes I my signature shall have the same legal at as required by Chapter 607, Florida St	l effect as if made un	der oa