


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

FILED

**Apr 08 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P95000073400 (0)
1. Corporation Name
TROPICAL PARTNERS, INC.



Principal Place of Business: 1390 MAIN STREET SARASOTA FL 34236
Mailing Address: 1390 MAIN STREET SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/19/1995
4. FEI Number: 65-0682352
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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: 1830 S Osprey Ave. Suite 100A Sarasota, FL 34239
2a. Mailing Address: P.O. Box 728 Sarasota, FL 34230
23. City & State: Sarasota, FL
24. Zip: 34239
25. Country: USA

10. Name and Address of New Registered Agent
81. Name: MCCURDY, JEFFREY
82. Street Address: 1830 S Osprey Ave.
83. Suite 100A
84. City: Sarasota
85. Zip Code: FL 34239

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: Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | DELETE |
|----------------------------------|---------------------------|--------------------------|
| TITLE: DPST | NAME: METTLER, LOUIS P. | <input type="checkbox"/> |
| STREET ADDRESS: 1390 MAIN STREET | CITY-ST-ZIP: SARASOTA FL | |
| TITLE: D | NAME: GRIFFIN, WILLIAM D. | <input type="checkbox"/> |
| STREET ADDRESS: 1390 MAIN ST | CITY-ST-ZIP: SARASOTA FL | |
| TITLE: D | NAME: CALLANEN, PHILIP E | <input type="checkbox"/> |
| STREET ADDRESS: 1390 MAIN ST | CITY-ST-ZIP: SARASOTA FL | |
| TITLE: VP | NAME: MCCURDY, JEFFREY | <input type="checkbox"/> |
| STREET ADDRESS: 1390 MAIN ST | CITY-ST-ZIP: SARASOTA FL | |
| TITLE: | NAME: | <input type="checkbox"/> |
| STREET ADDRESS: | CITY-ST-ZIP: | |
| TITLE: | NAME: | <input type="checkbox"/> |
| STREET ADDRESS: | CITY-ST-ZIP: | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | Change | Addition |
|---|-------------------------------------|-------------------------------------|--------------------------|
| 1.1 TITLE: | 1.2 NAME: | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 1.3 STREET ADDRESS: 1830 S. Osprey Ave. Suite 100A | 1.4 CITY-ST-ZIP: Sarasota, FL 34239 | | |
| 2.1 TITLE: | 2.2 NAME: | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2.3 STREET ADDRESS: 1830 S. Osprey Ave. Suite 100A | 2.4 CITY-ST-ZIP: Sarasota, FL 34239 | | |
| 3.1 TITLE: | 3.2 NAME: | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3.3 STREET ADDRESS: 1830 S. Osprey Ave. Suite 100A | 3.4 CITY-ST-ZIP: Sarasota, FL 34239 | | |
| 4.1 TITLE: | 4.2 NAME: | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4.3 STREET ADDRESS: 1830 S. Osprey Ave. Suite 100A | 4.4 CITY-ST-ZIP: Sarasota, FL 34239 | | |
| 5.1 TITLE: | 5.2 NAME: | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.3 STREET ADDRESS: | 5.4 CITY-ST-ZIP: | | |
| 6.1 TITLE: | 6.2 NAME: | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.3 STREET ADDRESS: | 6.4 CITY-ST-ZIP: | | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 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 on an attachment with an address.

SIGNATURE:  3/30/98 (941) 316-6818

CR2E034 (10/97)