

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

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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90295 016 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000073400

1. Corporation Name
TROPICAL PARTNERS, INC.



Principal Place of Business
 1830 S. OSPREY AVE
 SUITE 100A
 SARASOTA FL 34239
 US

Mailing Address
 P.O. BOX 728
 SARASOTA FL 34230
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **2 N. Tamiami Trail**
 Suite, Apt. #, etc.
 22 **Suite 410**
 City & State
 23 **Sarasota, FL**
 Zip Country
 24 **34236** 25 **USA**

2a. Mailing Address
 26
 Suite, Apt. #, etc.
 27
 City & State
 28
 Zip Country
 29 30

3. Date Incorporated or Qualified
09/19/1995

4. FEI Number
65-0682352 Applied For Not Applicable

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 the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
MCCURDY, JEFFREY
1830 S. OSPREY AVE
SUITE 100A
SARASOTA FL 34239

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
2 N. Tamiami Trail
 83 **Suite 410**
 84 City **Sarasota** 85 State **FL** Zip Code **34236**

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 _____ (NOT: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	DPST	<input checked="" type="checkbox"/> DELETE
NAME	METTLER, LOUIS P.	
STREET ADDRESS	1830 S. OSPREY AVE SUITE 100A	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRIFFIN, WILLIAM D.	
STREET ADDRESS	1830 S. OSPREY AVE, SUITE 100A	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CALLANEN, PHILIP E	
STREET ADDRESS	1830 S. OSPREY AVE, SUITE 100A	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MCCURDY, JEFFREY	
STREET ADDRESS	1830 S. OSPREY AVE, SUITE 100A	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	P/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	2 N. Tamiami Trail, Suite 410	
2.4 CITY-ST-ZIP	Sarasota, FL 34236	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VP/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	2 North Tamiami Trail, Suite 410	
4.4 CITY-ST-ZIP	Sarasota, FL 34236	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
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 119.073(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 any attachment with an address, with a letter like empowered.

SIGNATURE: Date: **4-22-99** Daytime Phone #: **941/316-6800**

CR2E034 (11/98)