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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000029602 (5)

TROPICAL ENDEAVORS, INC.

Principal Plac	Place of Business Mailing Address				
135 TEQUEST/ TAVERMER FL		135 TEQUESTA ST TAVERNIER FL 33070-2139			
				3. Date Incorporated or Qualified 03/29/1996	3a. Date of Last Report
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 147	Tequesta St,	26 147 Tegu	cestal St.	543 527681	Not Applicable
Sulte, Apt.	#, etc. <b>D</b>	Suite, Apt. #, etc. 0		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Cerpilicate di Status Desired	Fee Required
City & Stat	. (='	City & State	_ EI	6. Election Campaign Financing	\$5.00 May Be
23 Tave	11101	28 Tavernie		Trust Fund Contribution	Added to Fees
Zip 24 3 30 7	70 [25] Monroe	29 33070 3	Country	8. This corporation has hability for in	
24 2 20	9. Name and Address of Current		o Monroe	Florida Statutes  10. Name and Address of New Reg	
PAC	STRON, MARILYN	-108-010-04 MACIT	81 Name	to, Maine and Address of Hen Hey	iotoroa Agont
135 TEQUESTA ST  82 Street Address				ddress (P.O. Box Number is Not Acceptable	e)
TAVERNIER FL 33070 147 TEDUESTA ST					
		•	63		
			84 City_	IERNIER	FL 85 Zip Code 3302 N
44 5		10074100 17 11 0		IEKNIER	
office or r	registered agent, or both, in the State of	of Florida. Such change was aut	thorized by the corpo	corporation submits this statement for the pu oration's board of directors. I hereby accept	rpose of changing its registered the appointment as registered
agent. I a	am familiar with, and accept the obtigat	ions of, Section 607.0505, Flori	da Statutes.	<b>,</b>	
SIGNATURE				and the second s	
12,	Signature, typed or printed name of registered agent OFFICERS AND		log stored Agent signature r	ADDITIONS/CHANGES TO OFFICE	DATE
TITLE	D	DELETE	1,1 TITLE	ADDITIONS/CHANGES TO OTHICE	Change Addition
NAME	BASTRON, RONALD B		1,2 NAME		<b>A</b>
STREET ADDRESS	135 TEQUESTA ST			INT TERMESTA ST.	
CITY-ST-ZIP	TAVERNIER FL 33070		1.4 CHY-\$1 - 7IP	147 requesta St. tayernier, FL 330	7.0
TOTLE	D	DELETE	21 HILF	16 15.1116. 1 12 030	Change Addition
NAME	BASTRON, MARILYN A	<del>-</del>	22 NAME		
STREET ADDRESS	135 TEQUESTA ST			147 requesta St.	
CITY-ST-ZIP	TAVERNIER FL 33070			Tavernier, FL 3307	00
TITLE		DELETE	3.1 TITLE	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Change Addition
NAME			3.2 NAME		-
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4, C(TY+S1+7(P		
TITLE		☐ DELFTE	41 TITLE		Change Addition
NAME		,	4 2 NAME		
STREET ADDRESS	}		4.3 STHEET ADDRESS		
CITY-ST-ZIP			4.4 CHY-S1-7IP		
TITLE		DELETE	5.1 TITLE		Change Addition

14. I do 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.

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

5.4 C(1Y - S1 - 2(P

SIGNATURE: Marilin a Baston Me

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Marilya A Baston

12/03

Change

Addition

**FILED** 

Apr 21 1997 8:00am

Secretary of State