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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P96000056416**1. Corporation Name.

TROPIC ARTS ENTERPRISES, INC.

## Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90097 029 \*\*\*150.00



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Principal Place	e of Business	Ma	iling Address	_		_	T † 100 (116 b); 119 (0110 0);117 00:11 00:11 00:11	EB(B) B		11818 8111 1881
18605 48TH AVENUE NO 18605 48TH AVENUE NO										
LOXAHATCHEE FL 33470 LOXAHATCHEE FL 33470						DO NOT WRITE IN THIS SPACE			SPACE	
							3. Date Incorporated or Qualifed			
							07/01/1996			
2. Principal P	lace of Business		Mailing Address	-	-		4. FEI Number		Apr	plied For
21	مستان ولايتها والأراب والمنا والمعاوية	26	enta amenia a			. د د کید	65-0677527	5 m 6 D .	Not	t Applicable
Suite, Apt.	#, etc.	_	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A	
22		27					3. Certificate of States Desires		Fee Re	quired
City & Stat	e		City & State				6. Election Campaign Financing		\$5.00	, ,
23		28					Trust Fund Contribution		Added to	Fees
Zip	Country	ΤЦ.	Zip		intry		8. This corporation owes the current year			
24	25	29		30			Personal Property Tax.			□No
	9. Name and Address of Currer	nt Regist	tered Agent	_		<del>.</del>	10. Name and Address of New Registe	ered A	gent	
	IDELAGII IEE				81	Name				ļ
	IDELSON, LEE				82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
	5 NO MILITARY TRAIL STE 15									
WES	ST PALM BEACH FL 33470				83					
		1 .	•		84	City			85 Zip C	2ode
							oration submits this statement for the purpo-	FL	1   .	
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN			E: Registered	l Agen	t signature required	ADDITIONS/CHANGES TO OFFICER			
TITLE	PSTD		☐ DELETE	1.1 (1	TLE				☐ Change	☐ Addition
NAME	LILJEGREN, ROBERT N			1.2 NA	AME					-
STREET ADDRESS	18605 48TH AVENUE NO			1.3 ST	TREET	ADDRESS				Ì
CITY-ST-ZIP	LOXAHATCHEE FL 33470			1.4 Cf	TY-S1	T-ZIP				
TITLE	·		☐ DELETE	2.1 17	TLE				☐ Change	☐ Addition
NAME	ت چين په چ پېښېښې تامينيون لکاليد، بنجي		، تىبىي سىسىد	2.2 N	AME -	.يسيد مد. سدر				
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TITLE				2.4 C	πγ-\$	T-ZIP	ا المحال بالاستان بالاستخارية المنطقة			
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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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR