

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 JUN 24 PM 3:57

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P96000076707 (4)

1. Corporation Name

TROPUS INTERNATIONAL, INC.

Principal Place of Business

306 E CENTRAL BLVD. SUITE 304
ORLANDO FL 32801

Mailing Address

806 E CENTRAL BLVD. SUITE 304
ORLANDO FL 32801-1866

2. Principal Place of Business

21 170 Sunport Lane

Suite, Apt. #, etc.

22 Suite 900

City & State

23 Orlando, Florida

Zip

24 32809

Country

25 Orange

2a. Mailing Address

26 P.O. Box 593665

Suite, Apt. #, etc.

27

City & State

28 Orlando, Florida

Zip

29 32859-3665

Country

30 Orange

3. Date Incorporated or Qualified

09/13/1996

3a. Date of Last Report

N/A

4. FEI Number

59-3408946

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒

Yes

☐

No

9. Name and Address of Current Registered Agent

NISI, FRANK P JR
205 E CENTRAL BLVD, SUITE 304
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

TITLE D ☐ DELETE

NAME NISI, FRANK P
STREET ADDRESS 205 E CENTRAL BLVD, SUITE 304
CITY-ST-ZIP ORLANDO FL 32801

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME 900002224319-1

13 STREET ADDRESS -06/26/97-01104-008

14 CITY-ST-ZIP ****173.75 ****173.75

21 TITLE P ☐ Change ☒ Addition

22 NAME Gillen, Charles T.
23 STREET ADDRESS 2415 Chinook Trail
24 CITY-ST-ZIP Maitland, FL 32751

31 TITLE V ☐ Change ☒ Addition

32 NAME Bressler, Philip
33 STREET ADDRESS 2300 Wassum Trail
34 CITY-ST-ZIP Chuluota, FL 32766

41 TITLE D ☐ Change ☒ Addition

42 NAME Hoffman, Robert T.
43 STREET ADDRESS 4251 Willow Bay Drive
44 CITY-ST-ZIP Windermere, FL 34786

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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.

SIGNATURE: [Signature] DATE: 6/22/97

CR2E034 (9/96)