


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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90153 022 ***150.00

0107516

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
------------------------------------------------------------------	-----------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------

DOCUMENT # P96000076707

1. Corporation Name

TROPUS INTERNATIONAL, INC.



Principal Place of Business 170 SUNPORT LANE SUITE 900 ORLANDO FL 32809	Mailing Address PO BOX 593665 ORLANDO FL 32859-3665
----------------------------------------------------------------------------------	-----------------------------------------------------------

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

3. Date Incorporated or Qualified

09/13/1996

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 owes the current year Intangible Personal Property Tax. ☒ 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	J. Gregory Humphries, Esq.
82 Street Address (P.O. Box Number is Not Acceptable)	Shutts & Bowen LLP
83	20 North Orange Avenue, Suite 1000
84 City	Orlando, FL
85 Zip Code	32801

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

J. Gregory Humphries

(NOTE: Registered Agent signature required when reinstating)

4/28/99

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NISI, FRANK P	
STREET ADDRESS	205 E CENTRAL BLVD, SUITE 304	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GILLEN, CHARLES T	
STREET ADDRESS	2415 CHINOOK TRAIL	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BRESSLER, PHILIP	
STREET ADDRESS	2300 WASSUM TRAIL	
CITY-ST-ZIP	CHULOUTA FL 32766	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOFFMAN, ROBERT T	
STREET ADDRESS	4251 WILLOW BAY DRIVE	
CITY-ST-ZIP	WINDERMERE FL 34786	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Terry C. McEwen	
1.3 STREET ADDRESS	782 West Montrose Street	
1.4 CITY-ST-ZIP	Clermont, FL 34711	
2.1 TITLE	S, T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Charles T. Gillen	
2.3 STREET ADDRESS	2415 Chinook Trail	
2.4 CITY-ST-ZIP	Maitland, FL 32751	
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	David Leitner	
3.3 STREET ADDRESS	19446 Villa City Rd.	
3.4 CITY-ST-ZIP	Groveland, FL 34736	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 119.07(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.

SIGNATURE:

Charles T. Gillen

4/29/99

(407) 645-1303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)