

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

FILED
May 19 1998 8:00am
Secretary of State

| | | |
|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P97000002610 (8)

1. Corporation Name

TROPICAL AMERICAN RESOURCES, INC.

Principal Place of Business

6550 N FEDERAL HWY. SUITE 220
FT LAUDERDALE FL 33308

Mailing Address

6550 N FEDERAL HWY. SUITE 220
FT LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/08/1997

4. FEI Number

65-0723514

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 2035 NW 127th TERRACE
Suite, Apt. #, etc.

22 City & State

23 CORAL SPRINGS FLA
Zip Country

24 33071

25 BROWARD

2a. Mailing Address

26 2035 NW 127th TERRACE
Suite, Apt. #, etc.

27 City & State

28 CORAL SPRINGS FLA
Zip Country

29 33071

30 BROWARD

9. Name and Address of Current Registered Agent

SAWYER, THOMAS R
6550 N FEDERAL HWY. SUITE 220
FT LAUDERDALE FL 33308

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

Ted 1. Scatcherd Pres

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/98

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME SAWYER, THOMAS R
STREET ADDRESS 6550 N FEDERAL HWY, SUITE 220
CITY-ST-ZIP FT LAUDERDALE FL 33308

TITLE ☐ DELETE

NAME SCATCHERD, TED
STREET ADDRESS 1749 NW 126TH DR 2035 NW 127th TERRACE
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE ☐ DELETE

NAME SCATCHERD, SHIRLEY
STREET ADDRESS 2035 NW 127th TERRACE
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE:

Ted 1. Scatcherd

4/29/98

CR2E034 (10/97)