FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
May 13 1998 8:00ar
Secretary of State

DOCUMENT # P97000007293

1. Corporation Name
TROPIC ACRES, INC.

Principal Place of Business
5490 MELALEUCA LANE
LAKE WORTH, FL 33463

Mailing Address

3. Date Incorporated or Qualified: 4/21/97
3a. Date of Last Report:

2. Principal Place of Business 21: SAME AS ABOVE
2a. Mailing Address 26:

Suite, Apt. #, etc. 22:
Suite, Apt. #, etc. 27:

City & State 23:
City & State 28:

Zip 24:
Country 25: PALMBEACH
Zip 29:
Country 30:

4. FEI Number: 65-0726911 ☐ Applied ☐ Not Applic

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May be Added to Fee

8. This corporation has liability for intangible tax under s 199.03 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

91 Name: DIANE E. SORDO
92 Street Address (P.O. Box Number is Not Acceptable): 4879 WAVERLY WOODS TERR
93:
94 City: LAKE WORTH FL 95 Zip Code: 33463

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: Diane E Sordo PRESIDENT — 4/29/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, DELETIONS
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIANE E. SORDO PRESIDENT 4879 WAVERLY WOODS TER LAKE WORTH, FL 33463 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP ☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT STEFANIE SAGIS 4879 WAVERLY WOODS TERR LAKE WORTH, FL 33463 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP ☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY JUAN SORDO 4879 WAVERLY WOODS TER LAKE WORTH, FL 33463 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP ☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP ☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP ☐ Change ☐ Add 400002524834 -05/15/98--01010--050 ***150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP ☐ Change ☐ Add

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Diane E Sordo PRESIDENT — 4/29/98 — 561-967-3719
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number