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FILED
May 15 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 # P97000017121 (9)

1. Corporation Name

TROPIC SOLUTIONS, LTD., INC.



Principal Place of Business

Mailing Address

1033 SHAFFER TRAIL
OVIEDO FL 32785

1033 SHAFFER TRAIL
OVIEDO FL 32785

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 1122 BROOKLINE CT

Suite, Apt. #, etc.

22

City & State

23 WINTER SPRINGS, FL

Zip

Country

24 32708

25

USA

2a. Mailing Address

26 1122 BROOKLINE CT

Suite, Apt. #, etc.

27

City & State

28 WINTER SPRINGS, FL

Zip

Country

29 32708

30

USA

3. Date Incorporated or Qualified

02/24/1997

4. FEI Number

59-3424076

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

SAPORITO, GABRIEL F
1033 SHAFFER TRAIL
OVIEDO FL 32785

10. Name and Address of New Registered Agent

81 Name

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

1122 BROOKLINE CT.

83

84 City

WINTER SPRINGS

FL

85 Zip Code

32708

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 Fee if any) (Note: Registered Agent signature required when reinstating)

GABRIEL F SAPORITO, PRESIDENT

30 APR 98

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME SAPORITO, GABRIEL F
STREET ADDRESS 1033 SHAFFER TRAIL
CITY-ST-ZIP OVIEDO FL 32785

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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NAME
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CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition

1.2 NAME GABRIEL F SAPORITO
1.3 STREET ADDRESS 1122 BROOKLINE CT
1.4 CITY-ST-ZIP WINTER SPRINGS, FL 32708

2.1 TITLE SECRETARY/TREASURER ☐ Change ☒ Addition

2.2 NAME LAURA E. SAPORITO
2.3 STREET ADDRESS 1122 BROOKLINE CT
2.4 CITY-ST-ZIP WINTER SPRINGS, FL 32708

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.

CR2E034 (10/97)