May 07, 1999 8:00 am Secretary of State

05-07-1999 90152 020 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P97000018417

<ol> <li>Corporation</li> </ol>	n Name							
TROPICA	al marketing, inc.							
Principal Place	e of Business	Mailing Address						:1661   1261   1861   1881
581 VERBINIA COURT 581 VERBINIA COURT								
SATELLITE BEACH FL 32937 SATELLITE BEACH FL 32937								
US US						DO NOT WRITE IN THIS S	SPACE_	
						3. Date Incorporated or Qualifed 02/27/1997		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26				59-3431482		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		5 Additional
22		27				5. Certificate of Status Desired	Fee	Required
City & State	e	City & State	<del></del>		_	6. Election Campaign Financing  Trust Fund Contribution		00 May Be ed to Fees
Zip	Country	Zip	Count	try		8. This corporation owes the current year Inta		
24	25	29 3	30			Personal Property Tax.	Ŭ Yes_	<b>I</b> ZNo
	9. Name and Address of Curren					10. Name and Address of New Registered A	gent	
			8	B1	Name			
SMITH, STEPHEN				82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
1900 S HAROR CITY BLVD								
SUITE 315 MELBOURNE FL 32901			18	83				{
MEL	BOUNNE FL 32901		1	84	City	EI	85 2	Zip Code
	10 11 007 050	0 1007 4500 51: 14- 61-44				FL	hanging	its registered
office or n	registered agent, or both, in the State	of Florida. Such change was aut	lhorized t	by th	named corporation	oration submits this statement for the purpose of con's board of directors. I hereby accept the appoin	tment a	s registered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Florid	da Statut	es.				
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE, F	Registered A	gent s	signature requires	d when reinstating) DATE		\
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS ANI	DIREC	
TITLE	PD DELETE 1.			1.1 TITLE			☐ Char	nge
NAME.	KASNEY, ARTHUR B SR		1.2 NAM	Œ	ļ			į
STREET ADDRESS	581 VERBENIA CT		1.3 STR	EET A	DDRESS			
CITY-ST-ZIP			1.4 CITY	/- ST-2	ZIP			
TITLE	ST	☐ DÉLETE	2.1 TITL	E			☐ Char	ige 🗌 Addition
NAME	KASNEY, DENISE C		2.2 NAM					j
STREET ADDRESS	581 VERBINIA CT				DDRESS			J
CITY-ST-ZIP			2. 4 CIT		ZIP		Chan	age
TITLE	4.		3.1 TITL					ge
NAME			3 2 NAM		PDPECO			
STREET ADORESS					DDRESS			
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CIT		ZIP		Char	nge
			4. 2 NAN		}		_	1
NAME STREET ADDRESS.					DDRESS			
CITY-ST-ZIP			4.4 CITY					
TITLE		☐ DELETE	5.1 TITL				☐ Char	nge Addition
NAME			52 NAM	Æ				
STREET ADDRESS			53 STR	EETA	DDRESS			
CITY-ST-ZIP			5.4 CITY	/-ST-2	ZIP			
TITLE		☐ DELETE	6.1 TITL	.E			Char	nge Addition

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 chapted, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP