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May 11 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 # **P97000032471 (9)**

1. Corporation Name
AMERICAN TROPICS, INC.

Principal Place of Business	Mailing Address
101 CRAIN STREET GRASSY KEY FL 33050	101 CRAIN STREET GRASSY KEY FL 33050

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/08/1997

2. Principal Place of Business	2a. Mailing Address
21 58279 Crain St	26 58279 Crain St
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Grassy Key FL	28 City & State: Grassy Key FL
24 Zip: 33050 25 Country: MONROE	29 Zip: 33050 30 Country: MONROE

4. FEI Number: 65-0757592 ☐ 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	10. Name and Address of New Registered Agent
HELMS, LEWIS A 101 CRAIN STREET GRASSY KEY FL 33050	81 Name: Helms, Lewis A 82 Street Address (P.O. Box Number is Not Acceptable): 58279 Crain St 83 84 City: Grassy Key FL 85 Zip Code: 33050

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] 5.3.98
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 TO OFFICERS AND DIRECTORS IN 12		
TITLE		☐ DELETE	1.1 TITLE	President	☐ Change ☑ Addition
NAME			1.2 NAME	Lewis A Helms	
STREET ADDRESS			1.3 STREET ADDRESS	58279 Crain St	
CITY-ST-ZIP			1.4 CITY-ST-ZIP	Grassy Key FL 33050	
TITLE		☐ DELETE	2.1 TITLE	Vice President	☐ Change ☑ Addition
NAME			2.2 NAME	Rufas Gaston	
STREET ADDRESS			2.3 STREET ADDRESS	208 Bruce Ct	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Marathon FL 33050	
TITLE		☐ DELETE	3.1 TITLE	~~Treasurer~~ Secretary	☐ Change ☑ Addition
NAME			3.2 NAME	Allison W Helms	
STREET ADDRESS			3.3 STREET ADDRESS	58279 Crain St	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Grassy Key FL 33050	
TITLE		☐ DELETE	4.1 TITLE	Treasurer	☐ Change ☑ Addition
NAME			4.2 NAME	Babette Bradshaw	
STREET ADDRESS			4.3 STREET ADDRESS	20807 SW 85 PL	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Miami, FL 33189	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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: [signature]