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

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

FILED
May 07 1998 8:00am
Secretary of State

DOCUMENT # **P97000034853 (6)**

1. Corporation Name

TROPICOM, INC.

Principal Place of Business	Mailing Address
7378 W. ATLANTIC BOULEVARD APARTMENT 433 MARGATE FL 33063	POST OFFICE BOX 771208 CORAL SPRINGS FL 33077-1208

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/15/1997

2. Principal Place of Business		2a. Mailing Address		4. FEI Number X 65-0795887	Applied For / Not Applicable
21		26			
Suite, Apt #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
22		27			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
23		28			
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	
24	25	29	30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ROSENGARTEN, ANDREW 7378 W. ATLANTIC BOULEVARD APARTMENT 433 MARGATE FL 33063		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 _____

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 *President, Secretary & Treasurer* ☐ DELETE *Vice President* NAME *Andrew Rosengarten* STREET ADDRESS *7378 W. Atlantic Blvd Apt. 433* CITY-ST-ZIP *Margate, FL 33063*	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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: X _____   *Andrew Rosengarten*   3/31/98   954-973-0096

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #