

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 08 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 # P97000041317 (3)
1. Corporation Name

FIRST TROPICAL CONSULTING, INC.

Principal Place of Business

6547 SAMOA DRIVE
SARASOTA FL 34241

Mailing Address

6547 SAMOA DRIVE
SARASOTA FL 34241

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/09/1997

4. FEI Number
65-0756115

☒ 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

2. Principal Place of Business

21 1055 S. Tamiami Trail

Suite, Apt. #, etc.

22 Suite 108

City & State

23 Sarasota, FL

Zip

24 34236

Country

25 USA

2a. Mailing Address

26 1055 S. Tamiami Trail

Suite, Apt. #, etc.

27 Suite 108

City & State

28 Sarasota, FL

Zip

29 34236

Country

30 USA

9. Name and Address of Current Registered Agent

KING, CLIFFORD M
1800 SECOND STREET, SUITE 855
SARASOTA FL 34236

10. Name and Address of New Registered Agent

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

TITLE President ☐ DELETE

NAME James B. Hatton

STREET ADDRESS 6547 Samoa Drive

CITY-ST-ZIP Sarasota, FL 34241

TITLE Vice President ☐ DELETE

NAME Karen D. Hatton

STREET ADDRESS 6547 Samoa Drive

CITY-ST-ZIP Sarasota, FL 34241

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Secretary/Treasurer ☒ Change ☐ Addition

1.2 NAME Karen D. Hatton

1.3 STREET ADDRESS 6547 Samoa Drive

1.4 CITY-ST-ZIP Sarasota, FL 34241

2.1 TITLE Vice President ☐ Change ☒ Addition

2.2 NAME Edgardo A. Gonzalez

2.3 STREET ADDRESS 1719 Ponce de Leon Avenue

2.4 CITY-ST-ZIP San Juan, Puerto Rico 00909-1905

3.1 TITLE Vice President ☐ Change ☒ Addition

3.2 NAME Dr. Shur Li

3.3 STREET ADDRESS 147-37 Apt. 1G, Roosevelt Ave.

3.4 CITY-ST-ZIP Flushing, NY 11355

4.1 TITLE Vice President ☐ Change ☒ Addition

4.2 NAME Deepak Mirchandani

4.3 STREET ADDRESS 141 Old Pond Ln.

4.4 CITY-ST-ZIP Columbia, SC 29212

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.

SIGNATURE: Karen D. Hatton 7/1/98 (941) 951-6661

CR2E034 (5/98)