Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90163 045 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999

Principal P ace of Business LARCOPNS 2133 POLO GAEDENS DR.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mailing Address

2133 POLO GAEDENS DR.

DOCUMENT # P97000057176

TROPICAL DEVELOPERS & BUILDERS, INC.

APT. 101		APT. 101			DO NOT WRITE IN THIS SPACE							
WELLINGTON FL	_ 33414	WELLINGTON FL 33414				3. Date Incorporated or Qualifed						
						06/27	/1997					
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number				App	lied For	
21		26				65-0784646				Not	Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					ate of Status Desired		-		iditional	
22		27				J. Germe			F	ee Red	uired	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be						
23		28				Trust Fund Contribution Added to Fees						
Zip	Cour try	Zip	— ' — — ·			8. This corporation owes the current year intangible						
24	25	29 30				Persor al Property Tax. Yes VNo 10. Name and Address of New Registered Agent					ZINO	
9. Name and Address of Current Registered Agent					Name	IV. Name	and Address of New F	redistere o	Agent			
MCMAHON, DENNIS												
MCMAHUN, DENNIS 2133 POLO G AEDENS DR. GARDENS DR				Street Acdress (P.O. Box Number is Not Acceptable)								
APT.	101		83	<u>-</u>								
WELL	LINGTON FL 33414		-						85	Zip C		
			84	1 0	City			FL	_ 85	Zip C	de	
11. Pursuant i	to the provisions of St ctions 607.050	2 and 607.1508, Florida Statutes, I	the above	/e-na	amed cc rpc	oration submi:	s this statement for the	purpose o	chang	ng its	egistered	
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 reg stered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.												
[~	Wilding May and a cept and assign										l	
SIGNATUFE	Signature, typed or printed na ne of registered age	nt and title if applicable. (NOT E Reg	jistered Ager	ent sig	gnature required	d when reinstating)		DATE				
12.	OFFICERS AN	ND DIRECTORS	13.			ADDITIO	NS/CHANGES TO OF	FICERS A				
TITLE	P	☐ DELETE	1.1 TITLE						□ cr	ange	☐ Addition	
NAME MCMAHON, DENNIS			12 NAME									
STREET ADDRESS 2133 POLO GAEDENS DR., APT		YT. 101	1.3 STREET ADDRESS		ORESS							
CITY+ST-ZIP			1.4 CITY-ST-ZIP		.P						The addition	
TITLE		☐ DELETE	2.1 TITLE							ange	Addition	
NAME			2.2 NAME									
STREET ADDRE 3S		•	2.3 STREET ADDRESS		DRESS							
CITY-ST-ZIP			2.4 CITY- \$T-ZIP						□ Ch	nege	Addition	
TITLE		☐ DELETE	3.1 TITLE							lange	[] Addition	
NAME		Ī	3.2 NAME									
STREET ADDRE 3S		ľ	3.3 STREET ADDRESS		DRESS							
CITY-ST-ZIP			3.4. CITY-ST-ZIP)P					20000	Addition	
TITLE			4.1 TITLE						lange	[_] Addition		
NAME			4. 2 NAME									
STREET ADDRE 3S			4.3 STREET ADDRESS									
CITY-ST-ZIP			4 4 CITY-ST-ZIP		IP		· -				□ A delition	
TITLE		☐ DELETE	5.1 TITLE						□ c	nange	Addition Addition	
NAME			5.2 NAME									
STREET ADDRESS		:	5.3 STREE									
CITY-ST-ZIP			54 CITY-S		P							
TITLE		☐ OELETE	6.1 TITLE		1					nange	Addition	
NAME			6.2 NAME									

63 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the informat on 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 suppliemental 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 Chapte 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed on an attach nent with an address, with a lother like empowered.