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**

DOCUMENT # P97000083188 (7)

TROPICAL SNEAKERS, INC.

Principal Place of Business

Mailing Address

ar address

98 APR 16 PH 2: 39

27448 TIERRA DEL FUEGO CIRCLE PORT CHARLOTTE FL 33983		27446 TIERRA DEL FUEGO CIRCLE PORT CHARLOTTE FL 33963			
		• • • • • • • • • • • • • • • • • • • •		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
9 Principal Pl	and of Rusinoss	On Moiling Address		09/19/1997	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number Applied F.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65 - 0814485 Not Applie	
22		27		5. Certificate of Status Desired See Required Fee Required	al
City & State	9	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible	
24	25	29	30	Personal Property Tax due June 30. Yes No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	\neg
REA	NDE, BARBARA		81 Name		
27448 TIERRA DEL FUEGO CIRCLE			82 Street A	ddress (P.O. Box Number is Not Acceptable)	
PORT CHARLOTTE FL 33983			UZ STEEL AL	duress (F.O. Box Nomber is Not Acceptable)	
,			83		
			24 0		
			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.					
agent. Far	m familiar with, and accept the oblig	gations of, Section 607.0505, Flo	rida Statutes.		1
SIGNATURE	Signature, typed or printed name of registered ag	sont and teln if applicable (NO)	Registered Agent signature re	equired when reinstating) DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	DELETE	1.1 TITLE		dition
NAME	DIMAURO, PAUL		1.2 NAME		
STREET ADDRESS	27446 TIERRA DEL FUEGO	CIRCLE	1,3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL 33983		1.4 CITY-ST-ZIP		
TITLE	0	☐ DELET É	2.1 TITLE	Change Ad	dition
NAME	READE, BARBARA		2.2 NAME		
STREET ADDRESS	27446 TIERRA DEL FUEGO	CIRCLE	2.3 STREET ADDRESS	800002491258 6 -04/16/9801008020	3
CITY-ST-ZIP	PORT CHARLOTTE FL 33983		2. 4 CITY-ST-2IP		
TITLE		DELETE	3.1 TITLE	****1 50.00 	dition
NAME			3.2 NAME		- 1
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP	and	
TITLE		DELETE	4.1 TITLE	≥ ✓ Change □ Ado	dition
NAME			4. 2 NAME	EC 98 Lichange Like	
STREET ADDRESS			4.3 STREET ADDRESS	APR TH	
CITY-ST-ZIP			4.4 CITY - ST - ZIP	HM R "M	
TITLE		☐ DELETE	5.1 TITLE	Sign of Change Add	dition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	TO R IT	
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE	RE Light Lange □ Add	lition
NAME			6.2 NAME	RATE 39	1
STREET ADDRESS			6.3 STREET ADDRESS	Ď' ^m	1
CITY-ST-ZIP			6.4 CITY-ST-ZIP	<u> </u>	

14. Thereby 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 angual report of supplemental annual report is frue 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 in on an attachment with air address.