• FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS

FILED May 18 1998 8:00am Secretary of State

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DOCUMENT # P9700089654 (2) TROPICAL TREATMENTS, INC.							
moric	AL INCATRICATO, INC.			ļ	1 18 18 18 18 18 18 18 18 18 18 18 18 18	1818 - 1818 - 1818 - 1818 - 1818	I I G ara Bag a (36)
							
Principal Place	e of Business	Mailing Address			1 (00)(00) (10 10)(1 100(1 00(1) 40(1) 00)	ide Milan eltere konsa mula	ii aciti dibi indi
9050 BLIND PASS RD UNIT 10 9050 BLIND PASS RD UNIT							
ST. PETE BEACH FL 33706 ST. PETE BEACH FL 33706			•		DO NOT WRITE	IN THIS SPACE	
				ľ	3. Date Incorporated or Qualified		
					10/17/1997		
ロークへへへ	RIOD PASS Rd	2a. Mailing Address 26 9050 Blind	d Aces Ro	d	4. FEI Number 59-348 2732	}	Applied For
21 4050 Suite, Apt.		26 7050 81100 Suite, Apt. #, etc.	A TUBS IN	4		\$8.7	Not Applicable 5 Additional
22	#11	27 # \		ļ	5. Certificate of Status Desired	1 1 7	Required
23	ete Beach, FL.	28 St Pete Be	each, Fi		Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees
24 337	Oh Country	23706	Country	ł	8. This corporation owes or has pai	-	
24 331	9. Name and Address of Current	Registered Agent	0 0-21	- J	Personal Property Tax due June Name and Address of New Rec		<u></u> M No
DD		Trogistorous riguit	81 Name		10, mano and nations of from the	gioto: va Agorii	
BROIDA, JOEL D 605 - 75TH AVE. 62 Street Addr					s (P.O. Box Number is Not Acceptab	loì	
ST.	OZ SIFEBI	Addres	s (P.O. BOX NUMBER IS NOT Acceptab	110)	1		
			83				
			84 City			B5 Z	ip Code
	45	1007 1000 11-22-00-1				FL	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of manifiar with, and accept the obligati	and 607, 1508, Florida Statutes if Florida, Such ch <mark>ange wa</mark> s auf	, the above-named thorized by the cor	o corporation	ation submits this statement for the p o's board of directors. I hereby accep	urpose of changin It the appointment	as registered
	mamiliar with, and accept the obligation	ions of, Section 607,0505, Florid	da Statutes.		Λ.	AL 28 1	000
SIGNATURE	Signature, typed or printed name of registered agent	and to entapplicable (NOTE F	Registered Agent signature	e requied	when reinstaling)	DATE	970
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	0	M DELETE	1.1 TITLE	D	Wooden	M Chan	ge 🔲 Addition
NAME	GRANDE, JEROME	۸	1.2 NAME	SHE	RON L. WOODARD Blind Pass Rd.	₩- \1	
STREET ADDRESS CITY-ST-ZIP	9050 BLIND PASS RD., UNIT 1 ST. PETE BEACH FL 33706	U	1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	5	Pete Beach, FL. 3	3706	· }'
TITLE	GI. TETE BEACHTE 33700	DELETE	2.1 TITLE	10.	ree occur, i -	Chan	ge Addition
NAME		_	2.2 NAME				·
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CITY-ST-ZIP			2. 4 CITY - ST- ZIP	<u> </u>			
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CITY-ST-ZIP		typi eve	5.4 CITY - \$1 - ZIP	 			
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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 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 orr an attachment with an address.

170:11 28 1998 813.367 2491