

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90011 029 ***150.00

DOCUMENT # P98000025871

1. Entity Name

TROPICAL WICKER & RATTAN, INC.

Principal Place of Business

Mailing Address

180 YACHT CLUB WAY #305
 HYPOLUXO FL 33462-6027

180 YACHT CLUB WAY #305
 HYPOLUXO FL 33073-3024

2. Principal Place of Business

3. Mailing Address

2900 W. SAMPLE RD

2900 West Sample RD

Suite, Apt. #, etc.
 #102

Suite, Apt. #, etc.
 #102

City & State
 Pompano Beach - FL

City & State
 Pompano Beach - FL

4. FEI Number **65-0833375**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WATLINGTON, ALDA D
 180 YACHT CLUB WAY #305
 HYPOLUXO FL 33462-6027

Name **ALDA - WATLINGTON**
 Street Address (P.O. Box Number is Not Acceptable)
4073 Cocoplum Circle
 City **Coconut Creek** # **FL** Zip Code **33062**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE ALDA WATLINGTON - ALDA WATLINGTON 04-28-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	WATLINGTON, ALDA D	180 YACHT CLUB WAY #305	HYPOLUXO FL 33462-6027	<input type="checkbox"/>
		4073 Cocoplum Circle	COCONUT CREEK FL 33062	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALDA WATLINGTON 03-18-00 (954) 9704066
Signature and typed or printed name of signing officer or director Date Daytime Phone #

* Please see our address change

CR2E034 (9/98)