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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P98000029542

1. Corporation Name

TROPICAL DISTRIBUTORS INC.

## Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90005 030 \*\*\*150.00

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Principal Place	e of Business	Mailing Address				f 1885188t ne 19tet 18th Annt 61			1818 1161 1861
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FT LAUDERDALE FL 33301 FT LAUDERDALE FL 33301						DO NOT WRI	ITE IN THIS	SPACE	
					3 Date	e Incorporated or Qualifed			
	•				03/	31/1998			
2. Principal P	lace of Business	2a. Mailing Address				Number	~	Apr	lied For
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23 <b>TOM</b>	Pario FL	28 POMPATIO	Country	<u></u>		st Fund Contribution	root voor Into		rees
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24 556	9. Name and Address of Currer		<u>''                                   </u>	<u> </u>		ne and Address of New	Registered A		
	9. Name and Address of Currer	it itegistered Agent	81	Name	10,			<del></del>	
ALLA	ard, robert								
2608 CASTILLA ISLE				82 Street Address (P.O. Box Number is Not Acceptable)				-	
FT LAUDERDALE FL 33301			83		<del></del>		4.00	,	
								·	
			84	City			FL	85 Zip C	ode
44 Dureuant	to the provisions of Sections 607.050	2 and 607 1508 Florida Statutes	the abov	e-named	corporation sub	mits this statement for the	nurnose of	changing its	registered
office or r	edictored agent or both in the State	of Florida, Such change was auth-	orzed by	the com	oration's board	of directors. I hereby acce	pt the appoir	tment as reg	jistered
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Florida	a Statutes	5.					
SIGNATURE	Signature, typed or printed name of registered age	and this if applicable (NOTE: Re	gistered Age	ot signature	required when remstat	ina)	DATE		
12.		ND DIRECTORS	13.	a.g. a.a.		ITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	RS IN 12
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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 eport 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 with at other like empowered.

SIGNATURE:

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR