

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90073 046 ***150.00

DOCUMENT # **198000049995** ^{OC}
1. Corporation Name **TROPICAL ASSOCIATES, INC.**
DIVA GALAXY MOTORCARS
13624 COLUMBINE AVE
WELLINGTON, FL 33414

Principal Place of Business Mailing Address
1889 NO. CONGRESS AVE
WEST PALM BEACH, FL 33409

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified
JUNE 30 1998 11:05AM

2. Principal Place of Business 2a. Mailing Address
21 **GALAXY MOTORCARS** 26 **1889 NO. CONGRESS AVE**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **1889 NO. CONGRESS AVE** 27
City & State City & State
23 **WEST PALM BCH, FL** 28 **WEST PALM BCH, FL**
Zip Country Zip Country
24 **33409** 25 29 **33409** 30

4. FEI Number Applied For
65-0841888 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
ALBERT T. RICCIO
13624 COLUMBINE AVE
WELLINGTON, FL 33414

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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.

SIGNATURE *Albert T. Riccio* (NOTE: Registered Agent signature required when reinstating) **2-23-99** DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD MASSELLE	1.2 NAME	
STREET ADDRESS	2457 ELGIN COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON, FL 33414	1.4 CITY-ST-ZIP	
TITLE	V. PRES <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERT T. RICCIO	2.2 NAME	
STREET ADDRESS	13624 COLUMBINE AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON, FL 33414	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 report 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 all other like empowered.

SIGNATURE: *Howard Masselle* **HOWARD MASSELLE** **2-22-99** **561-616-8777**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)