

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90023 005 ***150.00

0288170

DOCUMENT # P98000049995
 1. Entity Name
TROPICAL ASSOCIATES, INC.

Principal Place of Business GALAXY MOTORCYCLES 1889 N. CONGRESS AVE. WEST PALM BEACH FL 33409	Mailing Address 1889 N. CONGRESS AVE. WEST PALM BEACH FL 33409
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2. Principal Place of Business 3940 NESTGATE AVE Suite, Apt. #, etc.	3. Mailing Address 3940 WESTGATE AVE Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State WEST PALM BEACH	City & State WEST PALM BEACH	4. FEI Number 65-0841888	Applied For <input type="checkbox"/> Not Applicable
Zip 33409	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RICCIO, ALBERT 13624 COLUMBINE AVE. WELLINGTON FL 33414	7. Name and Address of New Registered Agent Name HOWARD MASSELLE Street Address (P.O. Box Number is Not Acceptable) 2457 ELGIN COURT City WELLINGTON FL Zip Code 33414
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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 Howard Masselle DATE 3-23-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MASSELLE, HOWARD 2457 ELGIN COURT WELLINGTON FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RICCIO, ALBERT T 13624 COLUMBINE AVE. WELLINGTON FL 33414 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Howard Masselle **HOWARD MASSELLE** DATE 2-23-01 DAYTIME PHONE # 561-616-8777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)