


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

99 JUL 29 PM 1:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0089245

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # P98000075126</b>		
1. Corporation Name <b>TROPICAL ROCK, INC.</b>		

Principal Place of Business <b>9111 NORTHWEST 83RD STREET TAMARAC FL 33321</b>	Mailing Address <b>9111 NORTHWEST 83RD STREET TAMARAC FL 33321</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

3. Date Incorporated or Qualified <b>08/28/1998</b>	
4. FEI Number <b>65-0859667</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
<b>AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134</b>	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	<b>FL</b>

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PTD <input type="checkbox"/> DELETE
NAME	<b>BACHMANN, JONATHAN W</b>
STREET ADDRESS	<b>9111 NORTHWEST 83RD STREET</b>
CITY-ST-ZIP	<b>TAMARAC FL 33321</b>
TITLE	SVD <input checked="" type="checkbox"/> DELETE
NAME	<b>DEMARCO, JAMES</b>
STREET ADDRESS	<b>9111 NORTHWEST 83RD STREET</b>
CITY-ST-ZIP	<b>TAMARAC FL 33321</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>100002953341--0</b>
1.3 STREET ADDRESS	<b>-08/06/99--01092--022</b>
1.4 CITY-ST-ZIP	<b>****150.00 ****150.00</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/99 954-270-8164  
Date Daytime Phone #

CR2E034 (5/99)

**Tropical Rock Inc.**

9111 NW 83 Street  
Tamarac, FL 33321  
U.S.A.

Phone 954-270-8164  
Fax 954-724-0776

June 30, 1999

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
ANNUAL REPORTS FILINGS  
P.O. BOX 1500  
TALLAHASSEE , FL 32302-1500

To Whom It May Concern:

I recently started my own business in August of 1998. I was not aware of this paper work and when I got the second notice it was a surprise. I called and spoke to one of the people that work there and they told me that the first notice should have been here around Jan. or Feb. Needless to say I either didn't get it or it was misplaced. I have enclosed the original fee of \$150.00. Please if you could over see this I will not let it happen again. Thank You for your time and have a good day.

Sincerely,

  
Jonathan Bachmann