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 # **P98000090459**1. Corporation Name

BAMBOO TROPICAL, INC.

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90048 011 ***150.00



Principal Place of Business Mailing Address							
7620 NORTH TREE CLUB DRIVE		7620 NORTH TREE CLUB DRIVE					
LAKE WORTH FL 33467 LAKE WO		LAKE WORTH FL 33467	(E WORTH FL 33467		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					10/23/1998	i.	ţ
2. Principal Pl	lace of Business	2a, Mailing Address			4 FFI Number	Ar	pplied For
21		26			65-0872066	No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	I .
22 27		27			5. Certificate of Olatos Dosifico	Fee Re	
		City & State	City & State		6. Election Campaign Financing	\$5.00	
23					Trust Fund Contribution	Added	to Fees
Zip				Country 8. This corporation owes the current year Intangible Personal Property Tax. Yes		□No	
24	25		30	_	Personal Property Tax. 10. Name and Address of New Registered		
	9. Name and Address of Current	Registered Agent	8	1 Name	ID. Haine and Address of New Neglocita	- Carrie	
AME	RILAWYER		_	1			
343 ALMERIA AVENUE			8:	2 Street Add	dress (P.O. Box Number is Not Acceptable)		
CORAL GABLES FL 33134			8	3			
			ļ			·	
			8	4 City	FL	85 Zip (Code
office or to	enistered agent or both in the State (of Florida. Such change was a	uthorized b	v the corporat	poration submits this statement for the purpose of tion's board of directors. I hereby accept the appoint	changing its ntment as re	registered gistered
agent. I a	m familiar with, and accept the obligat	lions of, Section 607.0505, Floa	rida Statute	·S.			
SIGNATURE	Signature, typed or printed name of registered agen	1 and title if and cable. (NOTE	. Registered Ag	ent signature requir	red when reinstating) DATE		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	
TITLE	PD	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	CELENTANO, MARK		1.2 NAME				
STREET ADDRESS	7620 NORTH TREE CLUB DRIV	E	1.3 STRE	ET ADDRESS			}
CITY-ST-ZIP	LAKE WORTH FL 33467		1.4 CITY-	ST-ZIP			E A LEGA
TITLE	VTD □ DELETE		2.1 TITLE	Ì		☐ Change	☐ Addition
NAME	MANSEN, TOI	_	2.2 NAME				
STREET ADDRESS	7620 NORTH TREE CLUB DRIV	E	2.3 STRE	ET ADDRESS			l.
CITY-ST-ZIP	LAKE WORTH FL 33467		2. 4 CITY			Change	Addition
TITLE			3.1 TITLE			Change	
NAME	DIETEL, NICOLAS		3.2 NAME				
STREET ADDRESS	7620 NORTH TREE CLUB DRIV	E		ET ADDRESS			
CITY-ST-ZIP			3.4. CITY 4.1 TITLE			Change	☐ Addition
TITLE			4. 2 NAM	1			_
NAME OTDEET + DODGEOG			i i	ET ADDRESS			f
STREET ADDRESS			4.4 CiTY-				
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME		•		
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME	1		6.2 NAME	<u> </u>			

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 a attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

561-439-5048