

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

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90095 032 ***150.00

DOCUMENT # P98000091121

1. Corporation Name

TROPICAL EYELAND, INC.

Principal Place of Business

3611 1ST STREET EAST
UNIT 640
BRADENTON FL 34208

Mailing Address

3611 1ST STREET EAST
UNIT 640
BRADENTON FL 34208

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/27/1998

4. FEI Number

650876678

Applied For
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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
6045 26th St W

26 Suite, Apt. #, etc.
6045 26th St W

23 City & State
Bradenton, Florida

28 City & State
Bradenton, FL

24 Zip Country
34207

29 Zip Country
34207

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

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 PD
NAME CAPOZELLA, DENNIS
STREET ADDRESS 3611 1ST STREET EAST
CITY-ST-ZIP BRADENTON FL 34208
☒ DELETE

TITLE VSTD
NAME CAPOZELLA, SHAWNA
STREET ADDRESS 3611 1ST STREET EAST
CITY-ST-ZIP BRADENTON FL 34208
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME Shawna Capozella
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP
1.2 NAME Capozella, Dennis VP
1.3 STREET ADDRESS 3611 1st E #640
1.4 CITY-ST-ZIP Bradenton, FL 34208
☒ Change ☐ Addition

2.1 TITLE Secretary
2.2 NAME Capozella, Shawna
2.3 STREET ADDRESS 3611 1st St E # 640
2.4 CITY-ST-ZIP Bradenton, FL 34208
☒ Change ☐ Addition

3.1 TITLE President
3.2 NAME Capozella Jason
3.3 STREET ADDRESS 6045 26th St W
3.4 CITY-ST-ZIP Bradenton, FL 34207
☐ Change ☒ Addition

4.1 TITLE Treasurer
4.2 NAME Capozella, Tracy
4.3 STREET ADDRESS 6045 26th St W
4.4 CITY-ST-ZIP Bradenton, FL 34207
☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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:

Jason Capozella

1-20-99

(941) 751-5179

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)

0467409