

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S48124 (9)
1. Corporation Name
TROPICAL WIRING, INC.

Principal Place of Business Mailing Address
~~884 106TH AVE. NO.~~
~~NAPLES FL 33963~~
884 106TH AVE. NO.
NAPLES FL 33963



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 436 PALM RIVER BL. Suite, Apt. #, etc.		2a. Mailing Address 26 436 PALM RIVER BL. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 04/25/1991	
22 City & State 23 NAPLES, FL		27 City & State 28 NAPLES, FL		4. FEI Number 65-0250947	
24 Zip 34110		25 Country COLLIER		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29 34110		30 COLLIER		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent SIMON, LUCIA A. 884 106TH AVE. NO. NAPLES FL 33963				10. Name and Address of New Registered Agent	

81 Name SIMON, LUCIA A.	
82 Street Address (P.O. Box Number is Not Acceptable) 436 PALM RIVER BLVD.	
83	
84 City NAPLES	85 Zip Code 34110

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 Lucia A. Simon *Lucia A. Simon* DATE
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT SIMON, JEFFREY E. 884 106TH AVE. NO. NAPLES FL 33963	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DPT SIMON, JEFFREY E. 436 PALM RIVER BL NAPLES, FL. 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS SIMON, LUCIA A. 884 106TH AVE. NO. NAPLES FL 33963	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	DVS SIMON, LUCIA A. 436 PALM RIVER BL NAPLES, FL. 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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 *Jeffrey E. Simon* 04/13/98 9415662718

CR2E034 (10/97)