FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S81995** **(0)**

1. Corporation Name

TROPIC ISLE ENTERPRISES, INC.

Principal Place of Business	Mailing Address
12909 LEADWOOD DR RIVERVIEW FL 33569	12909 LEADWOOD DR RIVERVIEW FL 33569

3. Date Incorporated or Qualified: **09/23/1991**
3a. Date of Last Report: **03/31/1995**

4. FEI Number: **59-3082808** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 2 Adalia Ave	26 2 Adalia Ave
Suite, Apt. #, etc. 22 #305	Suite, Apt. #, etc. 27 #305
City & State 23 TAMPA, FL	City & State 28 TAMPA, FL
Zip / Country 24 33606 / 25 USA	Zip / Country 29 33606 / 30 USA

9. Name and Address of Current Registered Agent

SHINDORF, LOIS J.
12909 LEADWOOD DR
RIVERVIEW FL 33569

10. Name and Address of New Registered Agent

81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable): 2 Adalia #305
83
84 City: TAMPA, FL **FL** 85 Zip Code: 33606

11. Pursuant to the provisions of Section 607.0502 or F.S. 1995, Florida Statutes, 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. Statement 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: Lois J. Shindorf 4/15/96
SIGNATURE OF NEW REGISTERED AGENT, IF CHANGING — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1 TITLE	☒ Change ☐ Addition
NAME	SHINDORF, LOIS J.		1a NAME	
STREET ADDRESS	12909 LEADWOOD DR		1b STREET ADDRESS	2 Adalia Ave #305
CITY-ST-ZIP	RIVERVIEW FL		1c CITY-ST-ZIP	TAMPA, FL 33606
TITLE	DS	☐ DELETE	2 TITLE	☒ Change ☐ Addition
NAME	SHINDORF, CHRISTOPHER A.		2a NAME	
STREET ADDRESS	12909 LEADWOOD DR		2b STREET ADDRESS	2 Adalia Ave #305
CITY-ST-ZIP	RIVERVIEW FL		2c CITY-ST-ZIP	TAMPA, FL 33606
TITLE	D	☐ DELETE	3 TITLE	☒ Change ☐ Addition
NAME	SHINDORF, RONALD		3a NAME	
STREET ADDRESS	12909 LEADWOOD DR		3b STREET ADDRESS	2 Adalia Ave #305
CITY-ST-ZIP	RIVERVIEW FL		3c CITY-ST-ZIP	TAMPA, FL 33606
TITLE		☐ DELETE	4 TITLE	☐ Change ☐ Addition
NAME			4a NAME	
STREET ADDRESS			4b STREET ADDRESS	
CITY-ST-ZIP			4c CITY-ST-ZIP	
TITLE		☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME			5a NAME	
STREET ADDRESS			5b STREET ADDRESS	
CITY-ST-ZIP			5c CITY-ST-ZIP	
TITLE		☐ DELETE	6 TITLE	☐ Change ☐ Addition
NAME			6a NAME	
STREET ADDRESS			6b STREET ADDRESS	
CITY-ST-ZIP			6c CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is true, accurate, and complete, for the exception stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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, added, or deleted.

SIGNATURE: Lois Shindorf Lois Shindorf Pres. 4/15/96 253-4922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — BUSINESS TELEPHONE NUMBER