

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 # **V12763** (1)

1. Corporation Name  
**CALYPSO TROPICAL, INC.**



Principal Place of Business  
**6801 LAKE WORTH RD  
123  
LAKE WORTH FL 33467  
US**

Mailing Address  
**PO BOX 4482  
BOYNTON BEACH FL 33424  
US**

3. Date Incorporated or Qualified **02/10/1992** 3a. Date of Last Report **03/20/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21. Suite, Apt. #, etc.	26. <b>6801 LAKE WORTH RD.</b>	<b>65-0310383</b>	Not Applicable
22. City & State	27. <b>123</b>	5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
23. Zip	28. <b>LAKE WORTH FL.</b>	6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00 May Be Added to Fees</b>
24. Country	29. <b>33467</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MANCINO, ROBERT  
6801 LAKE WORTH RD  
SUITE 123  
LAKE WORTH FL 33467**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<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, if applicable:

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VOLK, C. RON</b>	1.2 NAME	
STREET ADDRESS	<b>138 PARKWOOD DRIVE</b>	1.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>ROYAL PALM BEACH FL</b>	1.4 CITY-STATE-ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VOLK, RONNIE L.</b>	2.2 NAME	
STREET ADDRESS	<b>138 PARKWOOD DRIVE</b>	2.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>ROYAL PALM BEACH FL</b>	2.4 CITY-STATE-ZIP	
TITLE	<b>V</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MANCINO, ROBERT</b>	3.2 NAME	
STREET ADDRESS	<b>7950 S MILITARY TRAIL, #201</b>	3.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>LAKE WORTH FL</b>	3.4 CITY-STATE-ZIP	<b>LAKE WORTH FL 33467</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

Date

Daytime Phone #

✓ 3/6/95 (407) 961-3334

CR2E034 (12/95)