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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # V12763

1. Corporation Name

CALYPSO TROPICAL, INC.

Principal Place of Business Mailing Address					) (##)) #()##: tible ((#() jasis et	100 (III 6:61) O.	#11 #1#11 <b>#</b> 1#11 #1	#(  # # \ )## <i> </i>
6801 LAKE WOF	RTH AD	6801 LAKE WORTH RD						
123 #123					DO NOT WRI	TE IN THIS	SDACE	
LAKE WORTH FL 33467 LAKE WORTH FL 33467							OFACE	<del></del>
US US					3. Date Incorporated or Qualifed			
					02/10/1992 4. FEI Number			olied For
	ace of Business  AKC (JORTH RD	2a. Mailing Address 26 680 LAKE WO	10-4	RD.			<u> </u>	Applicable
			7/2 1 (1	1/14.	65-0310383		\$8.75 A	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired		Fee Red	
22   100   27   100					6. Election Campaign Financing		\$5.00	Mou Po
23 LAKE WORTH 28 LAKE WORTH					Trust Fund Contribution		Added to	
Zip	Country	Zip _	Country	, ,	8. This corporation owes the curr	rent year Inta	angible	·
24 FL	[25] U.S.,	29 + 4		U.S.	Personal Property Tax.		Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New	Registered /	Agent	
					ANCINO, ROBE	RT		
MANCING DODEDT					ess (P.O. Box Number is Not Accept			
6801 LAKE WORTH RD					WKE WORTH R	cAD		
SUITE 123				C	-c is \$			*
LAKE WORTH FL 33467					re 108		85 Zip C	ode
			84	City LA-1	KE WORTH	FL	<b>85</b>   Zip 9	3467
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the abov	e-named corp	oration submits this statement for the	purpose of	changing its	registered
office or re	egistered agent, or both, in the State of familiar with, and accept the obligation	of Florida. Such change was autt	norized by	the corporation	on's board of directors. I hereby acce	pt the appoir	ilment as reg	gistered
	m ramma, with, and occopt the obligati							
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Age	nt signature require		DATE		
12.	OFFICERS ANI	D DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	D	☐ DELETE	1.1 TITLE				Change	☐ Addition
NAME	VOLK, C. RON		1.2 NAME					
STREET ADDRESS			1.3 STREE	T ADDRESS				ļ
CITY-ST-ZIP	ROYAL PALM BEACH FL		1.4 CITY-5	ST-ZIP_	·			
TITLE	D DELETE		2.1 TITLE				[] Change	Addition
NAME	VOLK, RONNIE L.		2.2 NAME					
STREET ADDRESS	138 PARKWOOD DRIVE		2.3 STREE	T ADDRESS				-
CITY-ST-ZiP	ROYAL PALM BEACH FL		2.4 CITY-	ST-ZIP				
TITLE	V	☐ DELETE	3.1 TITLE				Change	☐ Addition
NAME	MANCINO, ROBERT		3.2 NAME					
STREET ADDRESS	6801 LAKE WORTH RD, #123		3 3 STREE	ET ADDRESS				Ì
CITY-ST-ZIP	LAKE WORTH FL		3.4 CITY-	ST-ZIP		<del></del>	Change	Addition
TITLE		☐ DELETÉ	4.1 TITLE				Change	☐ Addition
NAME			4. 2 NAME	l l				-
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			4.4 CITY-1	ST-ZIP			[] Change	Addition
TITLE		☐ DELETE	5.1 TITLE				C) change	☐ Addition [
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	TADDRESS				ĺ

14. I hereby certify that the information supplied with the 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 arguar reports 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 of 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 charged, or on an attackment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.3 STREET ADORESS

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

Change

Addition

Mar 11, 1999 8:00 am Secretary of State

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