13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

JUSUAL S Blancett

Type and typed or printed Name of Signing Officer or Directo

4-27-00

850-521-1000

Daytime Phone #



ACCOUNT NO. : 072100000032

REFERENCE: 678744

4357259

AUTHORIZATION

COST LIMIT : \$ 150.00

ORDER DATE: April 27, 2000

ORDER TIME : 4:04 PM

ORDER NO. : 678744-005

CUSTOMER NO: 4357259

CUSTOMER: Ms. Laura R. Dunlap

Csc - Wilmington 1013 Centre Road

Wilmington, DE 19805

ANNUAL REPORT FILING

NAME: TROPICAL HARBORS, INC.

XX___ ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY ___ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lori R. Dunlap

EXAMINER'S INITIALS: