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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(5)

TROPICAL CORE MANUFACTURING, INC.

**FILED** May 04 1998 8:00am Secretary of State

		,				
Principal Place of Business Mailing Address					n seman dichte nomen Bathet nibne netek fille Brote a	A BAT CHOST OF BAT CHOST CONTENT ABOUT
4378 N DIXIE HWY 4378 N DIXIE HWY					l l	
OAKLAND PARK FL 33334 OAKLAND PARK FL 33334			334		DO NOT WRITE IN TH	IIS SOACE
					3. Date Incorporated or Qualified	13 SFACE
					10/23/1992	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21 26					65-0363730	Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	27			·	S. Continuate of Status Desired	Fee Required
_ `		City & State	State		6. Election Campaign Financing	<b>\$5.00</b> May Be
23			Coun		Trust Fund Contribution	Added to Fees
Zip	25	h1	— ·	и <b>у</b>	8. This corporation owes or has paid the	current year Intangible  Yes No
24	9. Name and Address of Curr	ent Registered Agent	30		Personal Property Tax due June 30.  10. Name and Address of New Register.	
CP	OSS, JOEL S.			11 Name	10, 1-4-1-	
4378 N. DIXIE HWY.			<u> </u>			
OAKLAND PARK FL 33334				Street Ad	dress (P.O. Box Number is Not Acceptable)	
J.,			Ē	13		
			- 1	<u> </u>		
			l,	14 City	F	85 Zip Code
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0 egistered agent, or both, in the Sta im familiar with, and accept the ob-	502 and 607 1508, Florida Stat te of Florida. Such change wai ligations of, Section 607.0505, I	utes, the abo s authorized Florida Statu	ove-named co by the corpor tes.	orporation submits this statement for the purpose ation's board of directors. I hereby accept the a	e of changing its registered appointment as registered
SIGNATURE						
	Signature, typed or printed name of registered			gent signature red	quired when rejnstating) DAT(	
12.	OFFICERS A	NO DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	ODOGO JOEL O		1.1 TITE			Change Addition
NAME	4070 N CHARLES		1.2 NAM	I		
STREET ADORESS	OAVI AND DADY EI		1	ET ADDRESS		1
CITY-ST-ZIP TITLE	D	DELETE	2.1 TITL	- ST - ZIP		Change Addition
NAME	00000 140445. D		2.1 MAM			
STREET ADDRESS	AARA M COMME AMANA		2 3 STREET ADORESS			
CITY-ST-ZIP	OAKLAND PARK FL			r-ST-ZIP		
TITLE			3.1 TITL			Change Addition
NAME	AALES WALTER F		3.2 NAM			
STREET ADDRESS	4378 N DIXIE HWY		1	ET ADDRESS		
CITY-ST-ZIP	DAVIAND BARY EL			r-ST-ZIP		
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	4.1 TITE			☐ Change ☐ Addition
NAME			4. 2 NAA	AE		
STREET ADDRESS			4.3 STRE	ET ADDRESS		
CFTY - ST - ZIP			4.4 CITY	- ST- ZIP		
TITLE		DELETE	5.1 TITL			Change Addition
NAME			5 2 NAM	E		
STREET ADORESS			5.3 STRE	ET ADDRESS		
CITY-ST-ZIP			5.4 CITY	-ST-ZIP		
TITLE	DELETE 6.1		6.1 TITE			☐ Change ☐ Addition
NAME			6.2 NAM	E		
STREET ADDRESS			6.3 STRE	ET ADDRESS		
CITY-ST-ZIP	L		6.4 CITY			
indicated officer or	certify that the information supplied on this arinual report or surplicine director of the corporation or the re	with this filing does not qualify tal arinual report is true and a regiver of trustee empowered t	rior the exem courate and to o execute thi	iption stated i Ihat my signa s report as re	in Section 119.07(3)(i), Florida Statutes. I further ture shall have the same legal effect as if made equired by Chapter 607, Florida Statutes; and the	under oath; that I am an at my name appears in

THEM Michael Coss