

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
James B. McNamara
Secretary of State
Tallahassee, Florida 32399-0001

FILED
CLERK OF STATE
CORPORATIONS

DOCUMENT # 752497 (8)

95 MAY -1 AM 8:02

THE TRAIL COMMERCE PARK ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O JOSIAS & GOREN, P.A.
3099 E COMMERCIAL BLVD. #200
FT LAUDERDALE FL 33308

C/O JOSIAS & GOREN, P.A.
3099 E COMMERCIAL BLVD. #200
FT LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/15/1980

3a. Date of Last Report

07/25/1994

4. FEI Number

59-2278876

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAMUEL S. GOREN
3099 E. COMMERCIAL BLVD., #200
FT. LAUDERDALE FL 33308

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

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 of Registered Agent or Registered Agent and Notary Public)

(Signature of Registered Agent or Registered Agent and Notary Public)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	CHAPPER, DAVID E
STREET ADDRESS	2201 30TH PLACE
CITY, ST, ZIP	POMPANO BCH. FL
TITLE	D
NAME	GREEN, BARRY
STREET ADDRESS	2201 NW 30TH PLACE
CITY, ST, ZIP	POMPANO BEACH FL
TITLE	D
NAME	GREEN, DAVID
STREET ADDRESS	2201 NW 30TH PLACE
CITY, ST, ZIP	POMPANO BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☒ Change ☐ Addition
22 NAME	VP-D
23 STREET ADDRESS	GORDON, SY
24 CITY, ST, ZIP	222 S. MILITARY TRAIL
31 TITLE	☒ Change ☐ Addition
32 NAME	DEERFIELD BEACH, FL 33442
33 STREET ADDRESS	S-D
34 CITY, ST, ZIP	AMANTIA, WILLIAM
41 TITLE	☐ Change ☐ Addition
42 NAME	580 SOUTH MILITARY TRAIL
43 STREET ADDRESS	DEERFIELD BEACH, FL 33442
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I 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)(b), 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 it 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 617, 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)

DAVID E. CHAPPER

1/31/95 305.973.4741
(Date) (Telephone Number)