FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 14 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000000059 (5)**

1. Corporation Name
TGS MANAGEMENT, INC.

Principal Place of Business	Mailing Address
C/O EDDIE TRUMP 4000 ISLAND BLVD. NORTH MIAMI BEACH FL 33160	C/O EDDIE TRUMP 4000 ISLAND BLVD. NORTH MIAMI BEACH FL 33160

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/05/1994
3a. Date of Last Report:

2. Principal Place of Business (21):
2a. Mailing Address (26):

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

City & State (23):
City & State (28):

Zip (24): County (25):
Zip (29): County (30):

4. FEI Number: 65-0441917 ☐ 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., STE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent (and title if applicable)) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CT	11 TITLE	Vice Chairman, Director, T	☒ Change ☐ Addition
NAME	TRUMP, JULIUS	12 NAME	Julius Trump	
STREET ADDRESS	4000 ISLAND BLVD.	13 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL	14 CITY-ST-ZIP		
TITLE	PD	21 TITLE	Chairman	☐ Change ☒ Addition
NAME	TRUMP, EDDIE	22 NAME	William Trump	
STREET ADDRESS	4000 ISLAND BLVD.	23 STREET ADDRESS	4000 Island Blvd.	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	24 CITY-ST-ZIP	North Miami Beach FL 33160	
TITLE	VS	31 TITLE	Vice Chairman	☐ Change ☒ Addition
NAME	LIEB, JAMES M	32 NAME	Cecilia Trump	
STREET ADDRESS	4 STAGE COACH RUN	33 STREET ADDRESS	4000 Island Blvd.	
CITY-ST-ZIP	EAST BRUNSWICK NJ	34 CITY-ST-ZIP	North Miami Beach FL 33160	
TITLE		41 TITLE	Vice President	☐ Change ☒ Addition
NAME		42 NAME	Stephanie Trump	
STREET ADDRESS		43 STREET ADDRESS	4000 Island Blvd.	
CITY-ST-ZIP		44 CITY-ST-ZIP	North Miami Beach FL 33160	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-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)(i), 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: James Lieb 4/7/95 908-390-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

James Lieb

0179071 CP