

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90049 030 ***150.00

DOCUMENT # F96000005697

1. Corporation Name

TG INVESTMENTS, LTD., INC.

Principal Place of Business

%EDDIE TRUMP
4000 ISLAND BLVD
N MIAMI BCH FL 33160

Mailing Address

%EDDIE TRUMP
4000 ISLAND BLVD
N MIAMI BCH FL 33160

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/01/1996

4. FEI Number

65-0735616

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 N MAGNOLIA ST
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

☐ DELETE

TITLE DCT
NAME TRUMP, JULIUS
STREET ADDRESS 4000 ISLAND BLVD
CITY-ST-ZIP N MIAMI BCH FL 33160

TITLE DP
NAME TRUMP, EDDIE
STREET ADDRESS 4000 ISLAND BLVD
CITY-ST-ZIP N MIAMI BCH FL 33160

TITLE DVS
NAME LIEB, JAMES M
STREET ADDRESS 4 STAGE COACH RUN
CITY-ST-ZIP E BRUNSWICK NJ 08816

TITLE AVP
NAME TROPEY, CARTIE
STREET ADDRESS C/O TRUMP GROUP, 4000 ISLAND BLVD
CITY-ST-ZIP N MIAMI BEACH FL 33160

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME Chairman
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME Director, Chairman
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME Director, Exec. Vice President
3.3 STREET ADDRESS Secretary, Treasurer
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME Assistant Vice President
4.3 STREET ADDRESS Assistant Secretary
4.4 CITY-ST-ZIP Carite Torpey

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

Carite L. Torpey, Assistant Vice President

Date

(732) 390-9400

Daytime Phone #

CR2E034 (11/98)