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Mar 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N94000001218 (6)

1. Corporation Name

TRENT CONDOMINIUM H ASSOCIATION, INC.



Principal Place of Business

~~MW I BROADWAY INC~~
7800 NOB HILL RD.
TAMARAC FL 33321

Mailing Address

~~MW I BROADWAY INC~~
700 NW 107TH AVE.
MIAMI FL 33172-3161

3. Date Incorporated or Qualified
03/10/1994

3a. Date of Last Report
02/06/1996

2. Principal Place of Business

21 4373 ROCK ISLAND RD
Suite, Apt. #, etc.

2a. Mailing Address

26 4373 ROCK ISLAND RD.
Suite, Apt. #, etc.

4. FEI Number
65-0531652

Applied For
Not Applicable

22 City & State

23 LAUDERHILL, FL.
Zip 33319 Country US

27 City & State

28 LAUDERHILL, FL.
Zip 33319 Country US

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

FLUEHR, CHRISTOPHER J.
3500 GATEWAY DR., #202
POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent

81 Name SAME
82 Street Address (P.O. Box Number is Not Acceptable)
4373 ROCK ISLAND RD
83
84 City LAUDERHILL FL 85 Zip Code 33319

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Christopher J. Fluehr* DATE 1/9/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KAUFMAN, LILLIAN	
STREET ADDRESS	7838 TRENT DR.	
CITY-ST-ZIP	TAMARAC FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FELDMAN, HARRY	
STREET ADDRESS	7826 TRENT DR.	
CITY-ST-ZIP	TAMARAC FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, ANITA	
STREET ADDRESS	7888 TRENT DR.	
CITY-ST-ZIP	TAMARAC FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HAUSTHOR, SEYMOR	
STREET ADDRESS	7840 TRENT DR.	
CITY-ST-ZIP	TAMARAC FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FOX, RON	
STREET ADDRESS	7880 TRENT DR.	
CITY-ST-ZIP	TAMARAC FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KEZNER, MAC	
1.3 STREET ADDRESS	7870 TRENT DR.	
1.4 CITY-ST-ZIP	TAMARAC, FL.	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LUSTHAUS, SANFORD	
2.3 STREET ADDRESS	7828 Trent Dr.	
2.4 CITY-ST-ZIP	TAMARAC, FL.	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Lillian Kaufman* DATE 2/24/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0032648

CR2E037 (9/96)