FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 31 1997 8:00am

Secretary of State

3a. Date of Last Report 08/14/1996

Applied For

Daytime Phone # 0027597

3. Date Incorporated or Qualified 11/22/1995

4. FEI Number

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

Principal Place of Business

2. Principal Place of Business

7100 SW 88TH ST.

MIAMI FL 33156

SUITE 100

N95000005596 (0)

Mailing Address 7100 SW 88TH ST.

MIAMI FL 33156-7883

2a. Mailing Address

SUITE 100

THE TRUMPETER FOUNDATION, INC.

21		26				65-0622	1/8	No	t Applicable	
Suite, Apt.	Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of St	atus Desired	\$8.75 / Fee Re		
City & State	City & State		City & State			6. Election Campa Trust Fund Cor		\$5.00 Added to		
Zıp	Country	Zip		Country		8. This corporatio		ntangible tax under s.	199.032,	
24	25 29		30			Florida Statutes Yes No				
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
					81 Name					
SWANKO, EDWARD H SR.					Street Ac	t Address (P.O. Box Number is Not Acceptable)				
7100 SW 88TH ST. STE. 100										
MIAMI FL 33156					83					
					City	FL 85 Zip Code				
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										
	Signature, typed or printed name of registered agent		(NÔTE: P	13.	ent signature re	quired when reinstating)	ANGES TO OFFIC	DATE ERS AND DIRECTOR	0 INI 10	
12.	OFFICERS AND DIRECTORS D DELETE			1.1 TITLE		ADDITIONS/CH/	ANGES TO OFFICE	Change	Addition	
NAME	MIDDLETON, ANNITA			1.2 NAME						
STREET ADDRESS	4736 NW 167TH ST.		ļ	1.3 STREET	ADDRESS					
CITY-ST-ZIP	MIAMI FL 33014			1.4 CITY-S					i	
TITLE	D		DELETE	2.1 TITLE	11-5"			√ ☐ Change	Addition	
NAME	GORDON, J. DENNIS	-		2.2 NAME	1			_ •		
STREET ADDRESS	6741 W. SUNRISE BLVD., STE	. 8	1	2.3 STREET	ADORESS					
CITY-ST-ZIP	PLANTATION FL 33313	•	'	2. 4 CITY-	ì]	
THILE	D		DELETE	3.1 TITLE			4	☐ Change	Addition	
NAME	PAPPAS, GEORGE			3.2 NAME	}				1	
STREET ADDRESS	1355 W. 49TH ST.			3.3 STREET	ADDRESS					
CITY-ST-ZIP	HIALEAH FL 33023			3.4. CITY -	ST-ZIP					
TITLE				4.1 TITLE				Change	Addition	
NAMÉ	SWANKO, MARTIELE P			4. 2 NAME	1					
STREET ADDRESS	7100 SW 88TH ST., STE. 100			4.3 STREET	ADDRESS					
CITY-ST-ZIP	MIAMI FL 33156		DELETE	4.4 CITY - S	T-ZIP			1705	- Leidilles	
TITLE		L.	DELETE	5.1 TITLE				☐ Change	Addition	
NAME				5.2 NAME						
STREET ADDRESS				5.3 STREET	.					
CITY-ST-ZIP TITLE			DELETE	5.4 CITY-S 6.1 TITLE	51- ZIP			Change	Addition	
NAME		_		6.2 NAME	}		•	had charge		
STREET ADDRESS				6.3 STREET	ADDRESS					
CITY-ST-ZIP				6.4 CITY - S						
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: MATINE AND TYPED OR PRINTED NAME OF SIGNATURE OR PRINTED NAME OF SIGNATURE AND TYPED OR TYP										