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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N95000005596

1. Corporation Name

THE TRUMPETER FOUNDATION, INC.

Principal Place of Business

7100 SW 88TH ST. 6320 Sunset Dr.
SUITE 100 So. Miami, FL
MIAMI FL 33156 33143

Mailing Address

7100 SW 88TH ST.
SUITE 100
MIAMI FL 33156



2. Principal Place of Business

21 6320 SUNSET DRIVE

Suite, Apt. #, etc.

22 City & State

23 Miami, FL

Zip Country

24 33143

25 Dade

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 33156

3. Date Incorporated or Qualified

11/22/1995

4. FEI Number

65-0622178

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

9. Name and Address of Current Registered Agent

SWANKO, EDWARD H SR.
7100 SW 88TH ST. STE. 100
MIAMI FL 33156

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 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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME MIDDLETON, ANNITA
STREET ADDRESS 4736 NW 167TH ST.
CITY-ST-ZIP MIAMI FL 33014

TITLE D ☐ DELETE
NAME GORDON, J. DENNIS
STREET ADDRESS 6741 W. SUNRISE BLVD., STE. 8
CITY-ST-ZIP PLANTATION FL 33313

TITLE D ☐ DELETE
NAME PAPPAS, GEORGE
STREET ADDRESS 1355 W. 49TH ST.
CITY-ST-ZIP HIALEAH FL 33023

TITLE D ☐ DELETE
NAME SWANKO, MARIELE P
STREET ADDRESS 7100 SW 88TH ST., STE. 100
CITY-ST-ZIP MIAMI FL 33156

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

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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 617, 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/99 (30) 558-6422
Date Daytime Phone #

0032517

CR2E037 (11/98)