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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90135 002 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # K71605

1. Corporation Name
TROJAN PARK INVESTMENTS, INC.



Principal Place of Business

5385 PALM AVE., #1
P.O. BOX 2546
HIALEAH FL 33012-7546

Mailing Address

5385 PALM AVE., #1
P.O. BOX 2546
HIALEAH FL 33012-7546

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/06/1989

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

4. FEI Number

65-0116181

Applied For

Not Applicable

22
City & State

27
City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

23
Zip Country

28
Zip Country

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

24
Country

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KURZWEIL, SUETELLE
8641 SW 84TH TERRACE
MIAMI FL 33143

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 PD ☐ DELETE
NAME KURZWEIL, SUETELLE
STREET ADDRESS 8641 SW 84TH TERRACE
CITY-ST-ZIP MIAMI FL

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

TITLE VD ☐ DELETE
NAME RICH, KING
STREET ADDRESS 900 BAY DR #204
CITY-ST-ZIP MIAMI BEACH FL

2.1 TITLE VP ☒ Change ☐ Addition
2.2 NAME King Rich
2.3 STREET ADDRESS 900 Bay Dr. #204
2.4 CITY-ST-ZIP Miami Beach, FL

TITLE SD ☒ DELETE
NAME KURZWEIL, MARTIN
STREET ADDRESS 1800 NE 114TH ST #2110
CITY-ST-ZIP N. MIAMI FL

3.1 TITLE ASD ☐ Change ☒ Addition
3.2 NAME Jodi Lynn Kurzweil
3.3 STREET ADDRESS 555 NE 34 St. #208
3.4 CITY-ST-ZIP Miami, FL 22137

TITLE ASD ☒ DELETE
NAME KURZWEIL, SUETELLE
STREET ADDRESS 8641 SW 84TH TERR.
CITY-ST-ZIP MIAMI FL

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

TITLE TD ☐ DELETE
NAME KURZWEIL, SHIRLEY
STREET ADDRESS 1800 NE 114TH ST #2210
CITY-ST-ZIP N. MIAMI FL

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

TITLE VP ☐ DELETE
NAME KURZWEIL, ALAN
STREET ADDRESS 8641 SW 84TH TERRACE
CITY-ST-ZIP MIAMI FL 33143

6.1 TITLE SD ☒ Change ☐ Addition
6.2 NAME Alan Kurzweil
6.3 STREET ADDRESS 8641 SW 84 Terr.
6.4 CITY-ST-ZIP Miami, FL 33143

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:

SIGNATURE OF ALAN KURZWEIL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alan Kurzweil, Secretary

02-15-99

305-822-9555

Date

Daytime Phone #

CR2E034 (1/198)