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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 233084

(3)

TRAIL INVESTMENT COMPANY

FILED Apr 29 1997 8:00am Secretary of State



						8 4 4 5 6 6 6 6 6 6 6 6 6
Principal Place of Business Mailing Address					(12)	Sidio eran atan dibit Billio aran tası
	D. ANDERSON	C/O PHILLIP D. ANDERSON P.O. BOX 32037				
P.O. BOX 820 PALM REACH	GARDENS FL 33420-2037	PALM BEACH GARDENS F	L 33420-20	37		
THEM DENOIT	Grilly Elifo 12 College Soci.		_ 44,44	•	3. Date Incorporated or Qualified	3a. Date of Last Report
					02/06/1960	05/01/1996
2. Principal Place of Business 2a. Mailing Add			dross		4. FEI Number	Applied For
21		26		NOT APPLICABLE	Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27		C. Collings of States Beened	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
28 28			Zip Country		Trust Fund Contribution	Added to Fees
Zip 24	 	han han han		ıy	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
24	9, Name and Address of Current		30]		10. Name and Address of New Re	
ANDERSON, PHILLIP D.				1 Name		3.0.0.0 m
	oenoon, Phillip D. If 14TH LANE			-		
PALM BEACH GARDENS FL 33418		82 Street Ac		Address (P.O. Box Number is Not Acceptab	ile)	
ראו	EM BEACH GARDENS IL 50410		8	3		
			L	<u>.</u>		
			8	4 City		FL 85 Zip Codo
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, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND		13,		ADDITIONS/CHANGES TO OFFIC	
TITLE	PD	DELETE	1,1 TITLE			Change
NAME	ANDERSON, PHILLIP D.		1.2 NAM			Š
STREET ADDRESS	1411 14TH LANE		- 6	ET ADDRESS		ļ i
CITY-ST-ZIP TITLE			1.4 CITY- 2.1 TITLE			☐ Change ☐ Addition C
'	ANDERSON, WILLIAM D.		2.1 MLC		<u>}</u>	E change E Adoltion
NAME PERCET ADDRESSE	1411 14TH LANE		1			
STREET ADDRESS	PALM BCH GARDENS FL			ET ADDRESS		
CITY-ST-ZIP TITLE			2. 4 CITY 3.1 TITLE			Change Addition
NAME	ANDERSON, WILLIAM D.		3.2 NAM			
STREET ADDRESS	1411 14TH LANE			E1 ADDRESS		i
CITY-ST-ZIP	PALM BCH GARDENS FL		3.4. CITY			
TITLE	ST	☐ DELETE	4,1 TITLE		<u> </u>	Change Addition
NAME	HENSEL, SANDRA L.		4. 2 NAM	IE		
STREET ADDRESS	15304 83RD WAY NORTH		4.3 STRE	ET ADDRESS		
CITY-ST-ZIP	PALM BCH GARDENS FL		4.4 CITY	-ST - ZiP		
TITLE			5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAM			
STREET ADDRESS			5.3 STRE	FT ADDRESS	1	
CITY-ST-ZIP			5.4 CITY	ST-ZIP		
TITLE		☐ DELEJE	6.1 TITLE			☐ Change ☐ Addition
NAME .			6.2 NAME	Ī		
STREET ADDRESS			63 STRE	et address		
CITY-ST-ZIP	<u> </u>		6.4 CITY	-ST-ZIP		

I do hereby certify that the information supplied with this filling 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 to danged, or on an alternment with an address.