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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 23

Principal Place of Business

C/O PHILLIP D. ANDERSON

1998

233084 (3)

Mailing Address

C/O PHILLIP D. ANDERSON

TRAIL INVESTMENT COMPANY

FILED Apr 27 1998 8:00am Secretary of State



P.O. BOX 32037 PALM BEACH GARDENS FL 33420-2037		P.O. BOX 32037 PALM BEACH GARDENS FL 33420-2037			7	DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified 02/06/1960			
2. Principal Place of Business 2a, Mailing Address						4. FEI Number		Applied For	
21	26					NOT APPLICABLE		Not Applicable	
Suite, Apt	W, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	e	City & State				6. Election Campaign Financing	\$5 A	D May Be	
23		28				Trust Fund Contribution		to Fees	
Zıp	Country	Zip	Co	untry		8. This corporation owes or has paid the curre	ent vear I	ntangible 10	
24	25	29	30			Personal Property Tax due June 30.] Yes	D No	
 -	g. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered A	gent	7 307	
AN	IDERSON, PHILLIP D.			81	Name				
1411 14TH LANE				62 Street Address (P.O. Box Number is Not Acceptable)					
	LM BEACH GARDENS FL 3341	8		02	Street Address (P.O. Box Number is Not Acceptable)				
1		•		63					
				64	City		85 Zir	Code	
				Ш		<u>FL</u>			
11. Pursuant office or r agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the Stat im familiar with, and accept the oblig	02 and 607.1508, Florida Stat e of Florida. Such change wa: yations of, Section 607.0505, l	utes, the i s authorizi Florida Sta	above ed by atutes	e-named corp the corporal i.	poration submits this statement for the purpose of tion's board of directors. I hereby accept the appo	changing intment a	its registered is registered	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable (N	OTE: Register	ed Age	nt signature requi	red when reinstaling) DATE			
12.	OFFICERS AN	ND DIRECTORS	13.	•		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	ORS IN 12	
TITLE	PD	☐ DELETE	1.1	TITLE			Change	Addition	
NAME	ANDERSON, PHILLIP D.		1.21	1.2 NAME					
STREET ADORESS	1		1.3 STREET ADDRESS		ADDRESS			li i	
CITY+ST-ZIP	PALM BCH GARDENS FL			1.4 CITY- ST- ZIP				}	
TITLE	VAS DELETE			2.1 TITLE			Change	Addition	
NAME	ANDERSON, WILLIAM D.		221	2 2 NAME					
STREET ADDRESS	4444 44514 44515		235	2.3 STREET ADDRESS					
CITY-ST-ZIP	PALM BCH GARDENS FL			2. 4 CITY - ST - ZIP				İ	
TITLE	AT DELETE			3.1 TITLE			Change	Addition	
NAME	ANDERSON, WILLIAM D.			3.2 NAME			•	j	
STREET ADDRESS	4444 44741 4447			3.3 STREET ADDRESS					
CITY-ST-ZIP	PALM BCH GARDENS FL			CITY-S					
TITLE	ST	DELETE		TITLE			Change	Addition	
NAME	HENSEL, SANDRA L.	_		NAME			-		
STREET ADDRESS	15304 83RD WAY NORTH				ADDRESS			i	
CITY+ST-ZIP	PALM BCH GARDENS FL			4.4 CITY-ST-ZIP				1	
TITLE	THE SOIL OF THE STATE OF THE ST	DELETE		5.1 TITLE			Change	Addition	
NAME				NAME		•			
STREET ADDRESS					ADDRESS			į	
								1	
CITY-ST-ZIP TITLE		DELETE		CITY-S TITLE	I-ZIP		Change	Addition	
		<i>v</i>				'	VIIII 90	- La riddinon	
NAME				NAME	1000000				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			6.4	CITY - S	T-ZIP				

4. Thereby 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 of 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.

CICMATURE.

hill D Sulusm

120/98

561-627-9410

CR2E034 (10/97)