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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

1. Corporation Name

(2)

TRACO REALTY INC								
Principal Place o	of Business	Mailing Address						
80-82 NE 29 MIAMI FL 33		80-82 NE 29TH STI MIAMI FL 33137	REET					
					3. Date Incorporated or Qualified 06/21/1961	3a. Date (of Last Rep)3/13/19	ort 95
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number	J	·	oplied For
21	•••	26			59-0975380			ot Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc			5. Certificate of Status Desired			Additional equired
22		City & State			6. Election Campaign Financing			May Be
Crity & State		28			Trust Fund Contribution			to Fees
Zip	Country	Zip	Count	ry	8. This corporation has liability for i		cunder's	99.032,
24	25	29	30			□ No		
	9. Name and Address of Curren	t Registered Agent		····	10. Name and Address of New F	legistered A	gent	
			8	11 Name				-2///
	DONALD D.		8	Street Add	dress (P.O. Box Number is Not Acceptat	ole)		
	EKMAN PLACE		83					
FAIRLA	AWN FL 07410		ľ					
			8	Gity City		FL	85 Zip	Code
familiar wit	th, and accept the obligations of, Sections of Section	ion 607.0505, Fibrida Status	(63		oration submits this statement to the poard of directors. I hereby accept the appropriate twice resisting:	DATE		
12.	OFFICERS AN		13.	 	ADDITIONS/CHANGES TO OF		7 Change	Addition
TITLE	TD MOCE ARE	DELETE	1.1 M	1			_ Chang.	
NAME	WISE,ABE 98 JOHNSON AVE.		1.2 NAM					
STREET ADDRESS	OU SOURIOUM ALE		1.3.016					
	ENGLEWOOD CLIEFS N.I.		i i	EFT ADDRESS				
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ	DELLETE	i i	y S1-20F			Change	Addition
TiTLE	PO	☐ DELETE	1.4 CH1	y ST-ZIF LE			Change	Addition
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Too hereby certify that the information supplies with this litting is voluntarily furnished and does not qualify for the examption stated in deciding 1907 (agree), ribrial statutes, report of 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 office or orderector 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

SIGNATURE: ______ SIGNATURE AND TYPED OF PRINTED HAME OF SIGNING OFFICER OR DIRECTOR