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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 285825

1. Corporation Name

3900 TRAIL CO

Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90085 047 ***150.00



Principal Place of Business		Ma	illing Address			1.02.02.00			
2600 S W 27TH AVE MIAMI FL 33133		2600 S W 27TH AVE MIAMI FL 33133				DO NOT WRITE IN TH	IIS SPAC	E	
	Ž					3. Date Incorporated or Qualifed 10/07/1964			
2. Principal Place of Business 2a. Mailing			Mailing Address		·	4. FEI Number	· [Applied For	
<u> </u>		26	26			59-1107244		Not Applicable	
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State		28	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	29	Zip Country		,	8. This corporation owes the current year Intangible Personal Property Tax. Yes No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
	R, MARLENE T			81 82		ess (P.O. Box Number is Not Acceptable)		<u>-</u> "	
2600 S W 27TH AVE MIAMI, FL 33133				83	1				
				84	'				
office or rea	the provisions of Sections 607.6 istered agent, or both, in the Stafamiliar with, and accept the obligations.	ate of Florid	a. Such change was authorize	ed by	the corporation	oration submits this statement for the purpose in's board of directors. I hereby accept the ap	of changi pointment	ing its registered as registered	

agent. I am ramiliar with, and accept the obligations of, Section 607.0005, Fioritia Statutes.							
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE	: Registered Agent signature rec	uired when reinstating) DATE				
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	PD DELETE	1.1 TITLE	☐ Change ☐ Addition				
NAME	TATHAM, BERNICE	1.2 NAME					
STREET ADDRESS	2600 S W 27TH AVE	1.3 STREET ADDRESS	•				
CITY-ST-ZIP	MIAMI, FL 00000	1.4 CITY-ST-ZIP					
TITLE	VPSD DELETE	2.1 TITLE	☐ Change ☐ Addition				
NAME	TAYLOR, MARLENE T.	2.2 NAME					
STREET ADDRESS	2600 SW. 27TH AVE.	2.3 STREET ADDRESS	·				
CITY-ST-ZIP,	MIAMI FL 33133	2.4 CITY-ST-ZIP					
TITLE	☐ DELETÉ	3.1 TITLE	☐ Change ☐ Addition				
NAME	•	3.2 NAME					
STREET ADDRESS		3.3 STREET ADDRESS					
CITY-ST-ZIP		3.4. CITY-ST-ZIP					
TITLE	☐ DELETE	4.1 TTLE	☐ Change ☐ Addition				
NAME		4. 2 NAME					
STREET ADDRESS	•	4.3 STREET ADDRESS					
CITY-ST-ZIP		4.4 CITY-ST-ZiP					
TILE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition				
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS					
CITY-ST-ZIP		5.4 CITY-ST-ZIP					
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition				
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS					
CITY-ST-ZIP		6.4 CITY-ST-ZIP					
14. Legreby 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 supplied with an address, in the exemption stated in Section (19.07(5)ff), Florida Statutes. Figure 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: