FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUN	MENT # 37372	24 (4)					
	TRT MANUFACTURING COM	MPANY, INC.					
Principal Place of Business Mailin		Mailing Address	ling Address			811 8781 91911 81811 81811 9 1	.EU 11010 (1010 1119)
1055 E.35TH STREET HIALEAH FL 33013		1055 E.35TH STREE HIALEAH FL 33013	1055 E.35TH STREET HIALEAH FL 33013				
					3. Date Incorporated or Qualified 12/08/1970	3a. Date of Last R	, , , , , , , , , , , , , , , , , , ,
		2a. Mailing Address	i. Mailing Address		4. FEI Number	04/03/1	Applied For
21		26	- L		59-1308927		
Suite, Apt. #, etc		Suite, Apt. #, etc.	Stilte, Apt. #, etc.		5. Certificate of Status Desired	1 1	5 Additional Required
City & State		City & State	- 		6. Election Campaign Financing	\$5.0	May Be
23		28			Trust Fund Contribution	LJ Adde	d to Fees
Ζιρ 24	Country Zip 25 29 3		30 Country	Country 8. This corporation has liability for intangible tax under s Florida Statutes Ves \(\subseteq No		199.032,	
	9. Name and Address of Curren		1001		10. Name and Address of New F		
			81	Name			
WEINBERG, STEVEN A.			82	Street Addre	ess (P.O. Box Number is Not Acceptab	vie)	
8000 PETERS ROAD PLANTATION FL 33324			83		- P-Marin		
PLANIA	ATION FL 33324						
			84	City		FL 85 Zi	p Code
11. Pursuant to or registere	o the provisions of Sections 607,0502	and 607.1508, Florida Statut	es, the above-r	named corpora	ation submits this statement for the pur d of directors. I hereby accept the app	pose of changing its r	registered office
familiar with	i, and accept the obligations of, Secti	on 607.0505, Florida Statutes	i.	Oration's boar	d of directors. Thereby accept the appr	Jillinent as registered	ragent rain
SIGNATURE: _	StyreCord, typest or printed name of registered agent	and title it applicable //NC	OTF Registered Ager	t sovature recognized	What (Anthum)	DATE	
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFF		ORS IN 12
TIFLE	ST DELETE		1 1 THTLE			☐ Change	Addition
NAME	ZIMMERMAN, HARRY		1.2 NAME				
STREET ADORESS	1940 NE 193 ST		1.3 STREET ADDRESS				
CHY-ST-ZIP TITLE	N MIAMI BCH, FL 0		1.4 DITY - S 2 1 TITLE	ST - ZIP		☐ Change	Addition
NAME	LEVINE, PETER		2 2 NAME	İ		onmige	
STREET ADDRESS			2.3 STREET ADDRESS				
CIEY-S*-7IP			2 4 CITY - ST - ZIP				
THILE			3 1 TITLE			☐ Change	Addition
NAME	on co		3 2 NAME				
STREET ADDRESS			3 3 STREET				
_CITY+ST-ZIP 		☐ DELETE	3.4 City - S 4. 1 Title	1 - 2112		☐ Change	Addition
NAME		—	4.2 NAME	ŀ		- onenge	
STREET ADDRESS			4.3 STREET	ADDRESS			•
CITY - ST - ZiP			4.4 CITY - S	T-ZIP			
TillE	☐ DELETE		5 1 TITLE			☐ Change	Addition
AAM;			5.2 NAME				
STREET ADDRESS			53 STREET				
_CHY-ST-ZIP TITLE	☐ DELETE		54 CITY-S 6 1 TITLE	1-ZIP		Change	Addition
NAME			6 2 NAME			□] Cuange	☐ Addition
STREET ADDRESS			6 3 STREET	ADDRESS			
CITY - ST-ZIF			64 CHY-S	T-ZIP			
14. I do hereby	certify that the information supplied v	vith this filing is voluntarily furr	ished and doe	s not qualify fo	r the exemption stated in Section 119.	07(3)(k), Florida Statut	tes. I further

4. For hereby certify that the information supplied with this thing is voluntarily turnished and does not quality for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under catify that I am an officer or director of the conversion or the exceiver 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 change it, of or an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED MARKE OF SIGNING OFFICER OR DIRECTOR

7/15/94 305-69/531