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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **608681** **(3)**

1. Corporation Name
TROLLEY ENTERRPRISES, INC.

Principal Place of Business	Mailing Address
806 S MILITARY TR DEERFIELD BCH FL 33442 US	806 A MILITARY TR DEERFIELD BCH FL 33442 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/30/1979**
3a. Date of Last Report: **04/28/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **59-2001594** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) (27)
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) County (25) Zip (29) County (30)
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PEREZ, JOSEPH
3947 NW 7TH PLACE
DEERFIELD BEACH FL 33442

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of Registered Agent and the Capacity in which (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VTD	11 TITLE	PDS	☒ Change ☐ Addition
NAME	PEREZ, JOSEPH	12 NAME	PEREZ, JOSEIH D	
STREET ADDRESS	390 SE 6TH AVE.	13 STREET ADDRESS	3947 NW 7 PL	
CITY-ST-ZIP	POMPANO BEACH FL	14 CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	PSD	21 TITLE	VTD	☒ Change ☐ Addition
NAME	GERACI, MICHAEL	22 NAME		
STREET ADDRESS	11811 HIGHLAND PLACE	23 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL	24 CITY-ST-ZIP	33071	
TITLE	T	31 TITLE	T	☐ Change ☒ Addition
NAME		32 NAME	Robert MATHENY	
STREET ADDRESS		33 STREET ADDRESS	3376 NW 25th WAY	
CITY-ST-ZIP		34 CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that this information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: X Joseph Perez PRES 5-1-95 305-429-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0266399 CP