

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

FILED  
May 03, 1999 8:00 am  
Secretary of State

05-03-1999 90125 045 \*\*\*150.00  
05-03-1999 90125 046 \*\*\*\*\*8.75

DOCUMENT # 608681

1. Corporation Name

TROLLEY ENTERPRISES, INC.

Principal Place of Business

998 S MILITARY TR  
DEERFIELD BCH FL 33442  
US

Mailing Address

998 S MILITARY TR  
DEERFIELD BCH FL 33442  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/30/1979

4. FEI Number

59-2001594

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

9. Name and Address of Current Registered Agent

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

6250 SWAN'S TERRACE  
Coconut Creek, FL.  
33073

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PS ☐ DELETE

NAME PEREZ, JOSEPH D.

STREET ADDRESS 3947 NW 7 PL  
CITY-ST-ZIP DEERFIELD BEACH FL

TITLE VP ☐ DELETE

NAME PEREZ, JOSEPH D

STREET ADDRESS 3947 NW 7TH PLACE  
CITY-ST-ZIP DEERFIELD BCH FL 33442

TITLE T ☐ DELETE

NAME PEREZ, DARCY

STREET ADDRESS 9157 B SW 5TH ST  
CITY-ST-ZIP BOCA RATON FL 33428

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 6250 SWAN'S TERRACE  
1.4 CITY-ST-ZIP Coconut Creek, FL. 33073

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 4771 NW 13th AVE.  
2.4 CITY-ST-ZIP Pompano Bch, FL. 33064

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 8804 SW 11th STREET  
3.4 CITY-ST-ZIP Boca Raton, FL. 33433

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby 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 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/99

954-429-310

CR2034 (11/98)

0347262