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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 688336

(7)

TRIMOR CORPORATION

**FILED** May 27 1997 8:00am Secretary of State

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Principal Plac	e of Business	Mailing	Mailing Address 389 PAYNE DRIVE MIAM SPRINGS FL 33166-5059 US				T TERLIN OLINI TORUS HONOS HINO DUFI OLDU REBEL SIBIL DIETI OLUK BIDAT HONI			
388 PAYNE D MIAMI SPRINC US		MIAME								
		00					3. Date Incorporated or Qualified 09/19/1980		te of Last 03/1996	
·	face of Business	<u> </u>	ling Address				4. FEI Number		k - a	Applied For
21		26					59-2065736			Not Applicable
Suite, Apt	<b>#, €</b> 1€.	27	to, Apt. #, etc.				5. Certificate of Status Desired	<b>K</b>		Additional Required
City & Stal	16		& State			<del></del>	6. Election Campaign Financing		\$5.0	May Be
23		28					Trust Fund Contribution			d to Fees
Zip	Country	Zip		Cou	ntry		8. This corporation has liability for in	tangible	tax under	s. 199,032,
24	25	29		30				Yes [		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
·•	9. Name and Address of Cu	rrent Registered	d Agent		81		10. Name and Address of New Reg	istered /	igent	
	RRIS, THOMAS R.				•"	Name				
	B PAYNE DRIVE				82	Street Add	lress (P.O. Box Number is Not Acceptab	e)		<del></del>
, WIY	umi springs FL 33166									
					83		•			
					84	City			<b>65</b> Zip	Code
			,					FL		
agent. La SIGNATURE	am familiar with and accept the o	bligations of, Sec	ction 607.0505, F	lorida Stat	utes	<b>3</b> .	poration submits this statement for the pi tion's board of directors. I hereby accep	DATE		
12.		AND DIRECTOR		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	)RS IN 12
THLE	PD		DELETE	1170	LE				Change	Addition
NAME	MORRIS, THOMAS R.			1.2 NA	ME					
STEELT ADORESS	388 PAYNE DRIVE			1.3 \$1	REET	ADDRESS				
C TY-ST-ZIP	MIAMI SPRINGS FL			1.4 CI	TY-S	T-21P				
TITLE	SD		☐ DELETE	2.1 Til	LE				Change	Addition
NAME	MORRIS, JUDY L.			2.2 N	ME					
STREET ADDRESS	388 PAYNE DR			2.3 \$1	REET	ADDRESS	•			
CHY ST ZIP	MIAMI SPRINGS FL			2.4 C	TY-5	ST-ZIP				
IIICE			☐ DELETE	3.1 TI	LE				Change	Addition
NAM:				3.2 NA	ME	}				
STREET ADDRESS				3.3 ST	REET	ADDRESS				
City-St-DP				34. C	17-5	ST - ZiP				
THIE			☐ DELETE	4.1 TI	TLE.				☐ Change	Addition
NAME:				4. 2 N	AME					
STREET ADDRESS				4.3 ST	AEET	ADDRESS				
CITY ST 7P		·····		4.4 0	TY-\$	T-21P				
THLE			☐ DELETE	5.1 T/I	[LE				Change	e L. Addition
NAME				5.2 NA	ME					
STREET ADDRESS				5.3 \$1	REET	ADDRESS				
CITY-ST-ZIF				5.4 CI	IY-S	1-ZIP				
Tille			☐ DELETE	6 1 TI	TLE				Change	Addition
NAME				6.2 N	ME					
STREET ADDRESS				6350	REET	ADDRESS				
CUTY - \$1 - 20F				64 CF	TY-\$	T-ZIP				
	by certify that the information sup	plied with this fil	ing does not out				ed in Section 119.07(3)(i), Florida Statutes	. I further	certify the	at the

Table by Centry that the information supplied with this litting does not quality 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.

SIGNATURE: