

**FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # 752497 (8)**

1. Corporation Name

**THE TRAIL COMMERCE PARK ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

~~C/O JOSIAS & GOREN P.A.~~  
~~4000 E. COMMERCIAL BLVD. #200~~  
~~FT. LAUDERDALE FL 33308~~

~~C/O JOSIAS & GOREN P.A.~~  
~~4000 E. COMMERCIAL BLVD. #200~~  
~~FT. LAUDERDALE FL 33308~~

3. Date Incorporated or Qualified  
**05/15/1980**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

**21 C/O A-PRO**

**26 C/O A-PRO**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 580 SO. MILITARY TRAIL**

**27 580 SO. MILITARY TRAIL**

**23 DEERFIELD BEACH, FL.**

**28 DEERFIELD BEACH, FL.**

City & State

City & State

**24 33442**

**25 U.S.A.**

**29 33442**

**30 U.S.A.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~GAMUEL S. GOREN~~  
~~4000 E. COMMERCIAL BLVD. #200~~  
~~FT. LAUDERDALE FL 33308~~

**81 Name WILLIAM P. AMANTIA**

**82 Street Address (P.O. Box Number is Not Acceptable)**

**C/O A-PRO**

**83 580 SO. MILITARY TRAIL**

**84 City DEERFIELD BEACH FL**

**85 Zip Code 33442**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*William P. Amantia*

**WILLIAM P. AMANTIA**

**3-16-96**

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CHAPPER, DAVID E	
STREET ADDRESS	2201 30TH PLACE	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	GORDON, SY	
STREET ADDRESS	222 S MILITARY TRAIL	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	AMANTIA, WILLIAM	
STREET ADDRESS	580 S MILITARY TRAIL	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	BRUCE SCHRIEBER	
13 STREET ADDRESS	580 SO. MILITARY TRAIL	
14 CITY-ST-ZIP	DEERFIELD BEACH, FL. 33442	
21 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	PAUL CRUZ	
23 STREET ADDRESS	580 SO. MILITARY TRAIL	
24 CITY-ST-ZIP	DEERFIELD BEACH, FL. 33442	
31 TITLE	S/A/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** *William P. Amantia* **SEC'TY/TREAS.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/19/96 305/428-9659**

Daytime Phone #

CR2E037 (12/95)

3-25-996