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Mar 11 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 A-PRO
580 SO. MILITARY TRAIL
DEERFIELD BEACH FL 33442C/O A-PRO
580 SO. MILITARY TRAIL
DEERFIELD BEACH FL 33442-30113. Date Incorporated or Qualified
05/15/19803a. Date of Last Report
03/25/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-2348537

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☒ Yes☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMANTIA, WILLIAM P
C/O A-PRO
580 SO. MILITARY TRAIL
DEERFIELD BEACH FL 33442

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 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 fan

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETENAME SCHRIEDER, BRUCE
STREET ADDRESS 580 SO. MILITARY TRAIL
CITY-ST-ZIP DEERFIELD BEACH FL 334421.1 TITLE ☒ Change ☐ Addition1.2 NAME
1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

DEERFIELD BEACH, FL. 33442

TITLE VD ☐ DELETENAME CRUZ, PAUL
STREET ADDRESS 580 SO. MILITARY TRAIL
CITY-ST-ZIP DEERFIELD BEACH FL 334422.1 TITLE ☐ Change ☐ Addition2.2 NAME
2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE STD ☐ DELETENAME AMANTIA, WILLIAM
STREET ADDRESS 580 S MILITARY TRAIL
CITY-ST-ZIP DEERFIELD BEACH FL 334423.1 TITLE ☒ Change ☐ Addition3.2 NAME
3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

DEERFIELD BEACH, FL. 33442

TITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0043011

CR2E037 (9/96)