

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000000059 (5)

1. Corporation Name

TGS MANAGEMENT, INC.



Principal Place of Business

Mailing Address

C/O EDDIE TRUMP
4000 ISLAND BLVD.
NORTH MIAMI BEACH FL 33160

C/O EDDIE TRUMP
4000 ISLAND BLVD.
NORTH MIAMI BEACH FL 33160

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
01/05/1994

3a. Date of Last Report
04/14/1995

4. FEI Number
65-0441917

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., STE 105
TALLAHASSEE FL 32301

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE VDT
NAME TRUMP, JULIUS
STREET ADDRESS 4000 ISLAND BLVD.
CITY-ST-ZIP NORTH MIAMI BEACH FL ☐ DELETE

TITLE C
NAME TRUMP, WILLIAM
STREET ADDRESS 4000 ISLAND BLVD.
CITY-ST-ZIP NORTH MIAMI BEACH FL ☐ DELETE

TITLE VC
NAME TRUMP, CECILIA
STREET ADDRESS 4000 ISLAND BLVD.
CITY-ST-ZIP NORTH MIAMI BEACH FL ☐ DELETE

TITLE V
NAME TRUMP, STEPHANIE
STREET ADDRESS 4000 ISLAND BLVD.
CITY-ST-ZIP NORTH MIAMI BEACH FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME TRUMP, EDDIE
1.3 STREET ADDRESS 4000 ISLAND BLVD.
1.4 CITY-ST-ZIP NORTH MIAMI BEACH FL ☐ Change ☒ Addition

2.1 TITLE VS
2.2 NAME LIEB, JAMES M.
2.3 STREET ADDRESS 4000 ISLAND BLVD.
2.4 CITY-ST-ZIP NORTH MIAMI BEACH, FL ☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 607, 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

James Lieb

4/19/96

(908) 390-9400

Date

Daytime Phone #

CR2E034 (12/95)