

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G11492** (7)

1. Corporation Name

TROMER INDUSTRIES, INC.

Principal Place of Business

Mailing Address

% ROSLYN TROMER
5665 AINSLEY COURT
BOYNTON BEACH FL 33437

% ROSLYN TROMER
5665 AINSLEY COURT
BOYNTON BEACH FL 33437

2. Principal Place of Business

2a. Mailing Address

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9. Name and Address of Current Registered Agent

TROMER, ROSLYN
5665 AINSLEY COURT
BOYNTON BEACH FL 33437

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, Florida Statutes, I, the undersigned, being a duly authorized officer or registered agent, or both, in the State of Florida, do hereby certify that the information furnished on this annual report is true and accurate and that I am an officer or director of the corporation and I have read the contents of this report and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent (If Different from Secretary of State)

Date

Signature of Registered Agent (If Different from Secretary of State)

Date

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	TROMER, ROSLYN	
STREET ADDRESS	5665 AINSLEY COURT	
CITY-STATE-ZIP	BOYNTON BCH, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
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CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
15 NAME		
16 STREET ADDRESS		
17 CITY-STATE-ZIP		
18 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
19 NAME		
20 STREET ADDRESS		
21 CITY-STATE-ZIP		
22 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
23 NAME		
24 STREET ADDRESS		
25 CITY-STATE-ZIP		
26 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
27 NAME		
28 STREET ADDRESS		
29 CITY-STATE-ZIP		
30 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
31 NAME		
32 STREET ADDRESS		
33 CITY-STATE-ZIP		
34 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
35 NAME		
36 STREET ADDRESS		
37 CITY-STATE-ZIP		
38 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
39 NAME		
40 STREET ADDRESS		
41 CITY-STATE-ZIP		
42 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
43 NAME		
44 STREET ADDRESS		
45 CITY-STATE-ZIP		
46 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
47 NAME		
48 STREET ADDRESS		
49 CITY-STATE-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 reported 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 and I have read the contents of this report and accept the obligations of Section 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Roslyn Tromer, Pres. 3/25/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407 736-3186

DATE OF FILING



3. Date Incorporated or Qualified: **12/02/1982**

3a. Date of Last Report: **04/25/1995**

4. FET Number: **59-2242511**

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

81 Name:

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

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84 City: **FL** 85 Zip Code:

CR2E034 (12/95)