FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 2:15

DOCUMENT # G78500 (7)

1. Corporation Name
T.R. BUSINESS SERVICES, INC.

Principal Place of Business
3711 NE 27TH AVE
LIGHTHOUSE POINT FL 33064

Mailing Address
3711 NE 27TH AVE
LIGHTHOUSE POINT FL 33064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/12/1984
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business
21 750 E. Sample Rd
Suite, Apt. #, etc.
22 Suite 206
City & State
23 Pompano Beach, FL
Zip 24 33062 Country 25 Broward

2a. Mailing Address
26 P.O. Box 50423
Suite, Apt. #, etc.
27
City & State
29 Lighthouse Pt, FL
Zip 29 33074 Country 30 Broward

4. FEI Number 59-2351519 — 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

9. Name and Address of Current Registered Agent
DI-CRESCENZO, CHRISTINE E
3711 NE 27TH AVE
LIGHTHOUSE PT FL 33064

10. Name and Address of New Registered Agent
81 Name: Christine E. DiCrescenzo
82 Street Address (P.O. Box Number is Not Acceptable): 750 E. Sample Rd
83 Suite 206
84 City: Pompano Beach FL 85 Zip Code: 33062

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: Christine E. DiCrescenzo — Christine E. DiCrescenzo — 4/21/95
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when resigning) — DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	DICRESCENZO, RONALD
STREET ADDRESS	3711 NE 27TH AVE
CITY - ST - ZIP	LIGHTHOUSE POINT FL
TITLE	DP
NAME	DICRESCENZO, CHRISTINE
STREET ADDRESS	3711 NE 27TH AVE
CITY - ST - ZIP	LIGHTHOUSE POINT FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		☐ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY - ST - ZIP		
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY - ST - ZIP		
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY - ST - ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY - ST - ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY - ST - ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Christine DiCrescenzo — 4/20/95 — (305) 783-7290
SIGNATURE AND TYPED OR PRINTED NAME OF BONAFIDE OFFICER OR DIRECTOR — Date — Daytime Phone #

0107621 CP