

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 # **G80548 (2)**

1. Corporation Name
TRAFFORD CONSERVATION CLUB, INC.



Principal Place of Business: ~~SOUTHEAST FINANCIAL CENTER - SUITE 4500~~
~~200 SOUTH BISCAYNE BLVD~~
~~MIAMI FL 33131-2387~~

Mailing Address: ~~SOUTHEAST FINANCIAL CENTER - SUITE 4500~~
~~200 SOUTH BISCAYNE BLVD~~
~~MIAMI FL 33131-2387~~

2. Principal Place of Business
21 **c/o Greenberg, Traurig**
Suite, Apt. #, etc.
22 **1221 Brickell Avenue**
City & State
23 **Miami, Florida**
Zip Country
24 **33131** 25 **USA**

2a. Mailing Address
26 **c/o Greenberg, Traurig**
Suite, Apt. #, etc.
27 **1221 Brickell Avenue**
City & State
28 **Miami, Florida**
Zip Country
29 **33131** 30 **USA**

3. Date Incorporated or Qualified: **12/09/1983**

3a. Date of Last Report: **02/14/1995**

4. FEI Number: **59-2347645**
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
~~HOWE, OSMOND C. JR~~
~~SOUTHEAST FINANCIAL CENTER, SUITE 4500~~
~~200 SOUTH BISCAYNE BLVD~~
~~MIAMI FL 33131-2387~~

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable):
83 **c/o Greenberg, Traurig**
1221 Brickell Ave
84 City **Miami** 85 State **FL** Zip Code **33131**

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLIN, BUSTER	1.2 NAME	
STREET ADDRESS	49955 HAMMOCKLAKE DR.	1.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL	1.4 CITY-STATE-ZIP	
TITLE	PST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, DON	2.2 NAME	
STREET ADDRESS	ALFRED I. DUPONT BUILDING	2.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL	2.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEPPER, JEFF	3.2 NAME	
STREET ADDRESS	5701 MAGGIONE STREET	3.3 STREET ADDRESS	
CITY-STATE-ZIP	CORAL GABLES FL	3.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, TERRY	4.2 NAME	
STREET ADDRESS	1710 COSTADO STREET	4.3 STREET ADDRESS	
CITY-STATE-ZIP	CORAL GABLES FL	4.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINCLAIR, DAVE	5.2 NAME	
STREET ADDRESS	7757 S.W. 112TH STREET	5.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL	5.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWNY, DANIEL	6.2 NAME	
STREET ADDRESS	1325 LITTLE HARBOR LANE	6.3 STREET ADDRESS	
CITY-STATE-ZIP	VERO BEACH FL	6.4 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 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]* 4/1/94 305-325-144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (12/95)