PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 **DOCUMENT #** J09725

1. Corporation Name

TRN INC.

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90060 011 ***150.00



· ·	Mailing Address					
% HERBERT M. TERMAN	% HERBERT M. TERMAN					
3540 MAGELLAN CIRCLE #518	3540 MAGELLAN CIRCLE #518 MIAMI FL 33180			DO NOT MORE IN THIS SPACE		
MIAMI FL 33180				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
				1		
				04/17/1986 4. FEI Number		nlied For
2. Principal Place of Business	2a. Mailing Address			1 **		plied For
21 26			59-2662702		t Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5 Certificate of Status Desired	\$8.75	
22	27				Fee Re	
City & State City & State			6. Election Campaign Financing	\$5.00	- 1	
23	28			Trust Fund Contribution	Added 1	o Fees
Zip Country	Zip Country		•	8. This corporation owes the current year Intangible		
24 25	29 30			Personal Property Tax.		
9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered A	gent	
•		81	Name			
TERMAN, HERBERT M.		82	Stroot Add	dress (P.O. Box Number is Not Acceptable)		
3540 MAGELLAN CIRCLE #518	62 Sueet Au		Sueer Add	diess (F.O. Dox Halliser is Not Hoopkaste)		
MIAMI FL 33180		83				
					11 -	0 1-
•		84	City	FI	85 Zip	Code
D 7 0502	and 607 1509 Florida Statutes	the show	e-named cor	noration submits this statement for the purpose of C	hanging its	registered
11. Pursuant to the provisions of Sections 607.0502 office or registered attent or flora-in the State of agent.	f Florida. Such mange was auth	orized by	the corporat	tion's board of directors. I hereby accept the appoint	lment as re	gistered
agent	Florid	a Statutes		10/1/0	39	
SIGNATURE //	<u></u>	•		red when reinstating) DATE		
Signature, typed or printed name of registered agent			nt signature requir	The Wild Constant of	DIDECTO	NDC IN 12
12. OFFICERS AND	DELETE	13.	—т-	ADDITIONS/CHANGES TO OFFICERS AND	Change	Addition
TITLE PD	□ perere	1.1 TITLE				
NAME TERMAN, SANDRA	•	1.2 NAME				ļ.
STREET ADDRESS 3540 MAGELLAN CIR. #518		1.3 STREET ADDRESS				
		1.3 STREE	TADDRESS			
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14. I 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 of the receiver of 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, with all other like empowered.

SIGNATURE

Daytime Phone #