

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # J22628  
1. Corporation Name

TRENDEL OF LAUDERHILL, INC.

Principal Place of Business

1360 N.W. 78th Avenue  
Miami, FL 33126

Mailing Address

1360 N.W. 78th Avenue  
Miami, FL 33126

3. Date Incorporated or Qualified

07/02/86

3a. Date of Last Report

1/25/95

4. FET Number

23-2753713

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

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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

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 date of signature

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                                   |                                 |
|----------------|-----------------------------------|---------------------------------|
| TITLE          | CEO                               | <input type="checkbox"/> DELETE |
| NAME           | KARL ELLER                        |                                 |
| STREET ADDRESS | 2122 E. HIGHLAND AVE., SUITE 425  |                                 |
| CITY-STATE-ZIP | PHOENIX, AZ 85016                 |                                 |
| TITLE          | EXECUTIVE VP                      | <input type="checkbox"/> DELETE |
| NAME           | SCOTT ELLER                       |                                 |
| STREET ADDRESS | 2122 E. HIGHLAND AVE., SUITE 425  |                                 |
| CITY-STATE-ZIP | PHOENIX, AZ 85016                 |                                 |
| TITLE          | EXECUTIVE VP                      | <input type="checkbox"/> DELETE |
| NAME           | TIM DONMOYER                      |                                 |
| STREET ADDRESS | 2122 E. HIGHLAND AVE., SUITE 425  |                                 |
| CITY-STATE-ZIP | PHOENIX, AZ 85016                 |                                 |
| TITLE          | SENIOR VP                         | <input type="checkbox"/> DELETE |
| NAME           | ROLF H. RAUTENBACH                |                                 |
| STREET ADDRESS | 338 N. WASHINGTON AVE.            |                                 |
| CITY-STATE-ZIP | SCRANTON, PA 18503                |                                 |
| TITLE          | SENIOR VP                         | <input type="checkbox"/> DELETE |
| NAME           | JEFF DIXON                        |                                 |
| STREET ADDRESS | 4000 S. MORGAN, CHICAGO, IL 60609 |                                 |
| CITY-STATE-ZIP |                                   |                                 |
| TITLE          | VP                                | <input type="checkbox"/> DELETE |
| NAME           | SANDY NEYLON                      |                                 |
| STREET ADDRESS | 2122 E. HIGHLAND AVE., SUITE 425  |                                 |
| CITY-STATE-ZIP | PHOENIX, AZ 85016                 |                                 |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            |                                                                   |
| 3. STREET ADDRESS  |                                                                   |
| 4. CITY-STATE-ZIP  |                                                                   |
| 5. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME            |                                                                   |
| 7. STREET ADDRESS  |                                                                   |
| 8. CITY-STATE-ZIP  |                                                                   |
| 9. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME           |                                                                   |
| 11. STREET ADDRESS |                                                                   |
| 12. CITY-STATE-ZIP |                                                                   |
| 13. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME           |                                                                   |
| 15. STREET ADDRESS |                                                                   |
| 16. CITY-STATE-ZIP |                                                                   |
| 17. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME           |                                                                   |
| 19. STREET ADDRESS |                                                                   |
| 20. CITY-STATE-ZIP |                                                                   |

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-04/19/96--01005-014  
\*\*\*200.00

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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/96

SC-118-96

CR2E034 (12/95)