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

APPROVED AND FILED
95 MAY -1 PM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J28664** **(7)**

1. Corporation Name
TRO-LAR, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
7795 WEST FLAGLER STREET STORE #7 MIAMI FL 33144 US	7795 WEST FLAGLER STREET STORE # 7 MIAMI FL 33144 US

3. Date Incorporated or Qualified: **08/13/1986**
3a. Date of Last Report: **04/25/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **59-2714707** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: X **$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 § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HARPER, TROY L.
14820 NARANJA LAKES BOULEVARD
APARTMENT D3M
NARANJA FL 33032

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	HARPER, TROY L.	12 NAME	
STREET ADDRESS	14820 NARANJA LKS BLVD	13 STREET ADDRESS	
CITY-ST-ZIP	NARANJA FL	14 CITY-ST-ZIP	
TITLE	VS	21 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, LARRY R.	22 NAME	
STREET ADDRESS	14820 NARANJA LKS BLVD	23 STREET ADDRESS	
CITY-ST-ZIP	NARANJA FL	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, LARRY R.	32 NAME	
STREET ADDRESS	14820 NARANJA LKS BLVD	33 STREET ADDRESS	
CITY-ST-ZIP	NARANJA FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: Troy L. Harper Troy L. Harper 4/24/95 305-267-1990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0184401 CP