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 12:31

DOCUMENT # J63624 (7)

1. Corporation Name
T.R.N. FINANCIAL CORPORATION

Principal Place of Business	Mailing Address
SUITE 260W ~~2300 GLADES RD~~ ~~BOCA RATON FL 33431~~	SUITE 260W ~~2300 GLADES RD~~ ~~BOCA RATON FL 33431~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/25/1987
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 333 W. Camino Gardens Blvd
22 Suite, Apt. #, etc.: 200
23 City & State: Boca Raton FL
24 Zip: 33432 25 Country: U.S.

2a. Mailing Address
26: 333 W. Camino Gardens Blvd
27 Suite, Apt. #, etc.: 200
28 City & State: Boca Raton FL
29 Zip: 33432 30 Country: U.S.

4. FEI Number: 65-0001942 ☐ 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

7. *This corporation has liability for intangible tax under § 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NEWMAN, T. R.
SUITE 260 W.
2300 GLADES RD
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

91 Name: NEWMAN T. R.
92 Street Address (P.O. Box Number is Not Acceptable): 333 W Camino Gardens Blvd # 200
93: Boca Raton
94 City: FL 95 Zip Code: 33432

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] DATE: 4/29/95
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	DSP	11 TITLE	DSP ☒ Change ☐ Addition
NAME	NEWMAN, T. R.	12 NAME	NEWMAN T. R.
STREET ADDRESS	2300 GLADES RD, STE 260W	13 STREET ADDRESS	333 W Camino Gardens Blvd
CITY ST ZIP	BOCA RATON FL	14 CITY ST ZIP	Boca Raton FL 33432
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		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	

RESIGNED ON MAY 1

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)(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 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 above, or on an attachment with an address.

SIGNATURE: [signature] [signature] 4/13/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0250323 CP