

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

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # J82937 (0)**

1. Corporation Name  
**TRS CONSULTANTS INC.**



Principal Place of Business: **1700 N.W. 111 AVENUE CORAL SPRINGS FL 33071**  
 Mailing Address: **1700 N.W. 111 AVENUE CORAL SPRINGS FL 33071**

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

3. Date Incorporated or Qualified: **06/30/1987**  
 3a. Date of Last Report: **04/17/1995**  
 4. FEI Number: **59-2851697**  
 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  
 10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent  
**SIMS, THOMAS R.  
 1700 N.W. 111TH AVENUE  
 CORAL SPRINGS FL 33071**

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.041 and 607.1003, 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 607.043, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>SIMS, THOMAS R.</b>	
STREET ADDRESS	<b>1700 N.W. 111 AVENUE</b>	
CITY, ST, ZIP	<b>CORAL SPRINGS FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>SIMS, SUSAN E</b>	
STREET ADDRESS	<b>1700 NW 111 AVE</b>	
CITY, ST, ZIP	<b>CORAL SPRNGS FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>VILLASENOR, IAN O</b>	
STREET ADDRESS	<b>161 NE 110 STR</b>	
CITY, ST, ZIP	<b>MIAMI SHORES FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is, verbatimly furnished and does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information included 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 trustee 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 attached list with an address.

SIGNATURE: *Susan E. Sims* **SUSAN E. SIMS**

3-27-96 (95) 195-9014

CR2E034 (12/95)