

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

PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # K06709 (5)

1. Corporation Name

TROY ENTERPRISES, INC.



Principal Place of Business

**6090 EVIAN PLACE
BOYNTON BEACH FL 33439**

Mailing Address

**6090 EVIAN PLACE
BOYNTON BEACH FL 33439**

3. Date Incorporated or Qualified **12/14/1987**

3a. Date of Last Report **02/10/1995**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

52-0804766

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

9. Name and Address of Current Registered Agent

**POMERANTZ, ALVIN
6090 EVIAN PLACE
BOYNTON BCH. FL 33437**

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

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE ☐ DELETE
NAME **DP POMERANTZ, ALVIN**
STREET ADDRESS **6090 EVIAN PLACE**
CITY-ST-ZIP **BOYNTON BEACH FL**

12.2 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

12.3 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

12.4 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

12.5 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

12.6 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

12.7 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

12.8 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

12.9 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

12.10 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY-ST-ZIP

13.5 TITLE ☐ Change ☐ Addition

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY-ST-ZIP

13.9 TITLE ☐ Change ☐ Addition

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY-ST-ZIP

13.13 TITLE ☐ Change ☐ Addition

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY-ST-ZIP

13.17 TITLE ☐ Change ☐ Addition

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY-ST-ZIP

13.21 TITLE ☐ Change ☐ Addition

13.22 NAME

13.23 STREET ADDRESS

13.24 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:

Alvin Pomerantz **ALVIN POMERANTZ**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/96
Date

407 7375355
Daytime Phone #

CR2E034 (12/95)