

**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

FILED  
May 01 1996 8:00 am  
Secretary of State

DOCUMENT # **K26991** (5)

1. Corporation Name  
**TRUMP PROPERTIES, INC.**



Principal Place of Business: **333 NE 23RD ST., MIAMI FL 33137**  
Mailing Address: **P O BOX 550833 JACKSONVILLE FL 32255 US**

3. Date Incorporated or Qualified: **06/24/1988**  
3a. Date of Last Report: **02/23/1995**  
4. FEI Number: **65-0055435**  
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: **207 Hendricks Ave. Suite, Apt., etc. 90 Rubin & Rubin, P.A. Jacksonville, FL. Zip 32207 Country USA**  
2a. Mailing Address: **26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30**

9. Name and Address of Current Registered Agent: **RUBIN, I. MARK 333 NE 23RD ST. MIAMI FL 33137**  
10. Name and Address of New Registered Agent: **B1 Name 2107 Hendricks Ave. B2 Street Address (P.O. Box Number is Not Applicable) 90 Rubin & Rubin, P.A. B3 City Jacksonville B4 FL B5 32207**

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 understand, the obligations of Section 607.0502, Florida Statutes.  
SIGNATURE: **I. MARK RUBIN, President 2/20/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D RUBIN, I. M.</b>	1.2 NAME	
STREET ADDRESS	<b>333 NE 23RD ST.</b>	1.3 STREET ADDRESS	<b>2107 Hendricks Ave.</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	<b>JACKSONVILLE, FL 32207</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 checked, or as an attachment with an address.  
SIGNATURE: **I. MARK RUBIN, President 2/20/96 (904) 596-7911**

CR2E034 (12/95)