

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K45160**

(4)

1. Corporation Name:

TRADER TOM'S OF NORTH AMERICA, INC.



Principal Place of Business

Mailing Address

914
930 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE FL 33304

914
930 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE FL 33304

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Zip

Country

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

914
CALISE, TRACY E.
930 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE FL 33304

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 607.0507 and 607.1503, 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 of person filing this report (must be an officer or director)

Signature of Registered Agent (must be an individual resident in Florida)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

P
CALISE, TRACY E.
930 N FEDERAL HIGHWAY
FORT LAUDERDALE FL

☐ DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

D
CALISE, TRACY E.
930 N FEDERAL HIGHWAY
FORT LAUDERDALE FL

☐ DELETE

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

SDT
CALISE, TRACY E.
1471 SW 15 TERR.
FT LAUDERDALE FL

☐ DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

DVP
CALISE, JOHN V.
2317 S.W. 34 AVENUE
FT LAUDERDALE FL

☒ DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

☐ Change ☐ Addition

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 included on this annual report or supplementary 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 officer 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. I do so on an affidavit with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 24, 1997 (954) 524-4754
Lynn A. Price

CR2E034 (12/95)