## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K51960

(8)

TRUP REALTY, INC.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

TITLE

NAME

FILED Jan 29 1998 8:00am Secretary of State

| Pr  | incipal Place                         | e of Busines     | s                                | Mailin   | g Address       |                      |  |           |  |  |
|---|---------------------------------------|------------------|----------------------------------|--|-----------------|----------------------|--|-----------|--|--|
| 3535 WINDMILL RANCH RD.<br>FT. LAUDERDALE FL 33331  |                                       |                  | 3535                             | 3535 WINDMILL RANCH DR.<br>FT. LAUDERDALE FL 33331 |                 |                      |  |           |  |  |
| US  |                                       |                  | US                               |  |                 |                      |  |           | DO NOT WRITE IN THIS SPACE   |  |
|   |                                       |                  |                                  |  |                 |                      |  |           |  | 3. Date Incorporated or Qualified 12/16/1988                                       |
| 2.  | Principal Pl                          | lace of Busin    | ness                             | 2a. Ma   | iling Address   |                      |  |           |  | 4. FEI Number Applied For  |
| 21  |                                       |                  |                                  | 26   |                 |                      |  |           |  | <b>65-0089857</b> Not Applicable   |
| Suite, Apt. #, etc.   |                                       |                  |                                  | Suite, Apt. #, etc.                                |                 |                      |  |           | 5. Certificate of Status Desired See Required \$8.75 Additional Fee Required |  |
| 23  | City & State                          |                  |                                  | <b>├</b> -1  | City & State    |                      |  |           |  | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees |
|   | Zip                                   |                  |                                  |  |                 |                      | Country 8. This corporation owes or has paid the current year Intangible |           |  |  |
| 24  |                                       |                  | 25                               | 29   |                 | 30                   |  |           |  | Personal Property Tax due June 30. Yes No  |
|   |                                       | g, Name          | and Address of Curre             | nt Registere                                       | d Agent         |                      |  |           |  | 10. Name and Address of New Registered Agent                                       |
| TRUPKIN, DENIS P.   |                                       |                  |                                  |  |                 |                      | 81   | N         | ame  |  |
|   | 353                                   | 5 WINDMII        |                                  |  | 82 Street Addre |                      |  | reet Addi | ress (P.O. Box Number is Not Acceptable)                                     |  |
| FT. LAUDERDALE FL 33331   |                                       |                  |                                  |  | Shoot Add       |                      |  |           | 0011100  | 1000 (1.0. pox Horrison is Hot Accopiation)  |
|   |                                       |                  |                                  |  | 63              |                      |  |           |  |  |
|   |                                       |                  |                                  |  |                 |                      | 84   | Ci        |  | 85 Zip Code  |
| ĺ   |                                       |                  |                                  |  |                 |                      | 04   |           | · y  | FL   s   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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE |                                       |                  |                                  |  |                 |                      |  |           |  |  |
| SI  | GNATURE                               | Signature (vo.d. | or printed name of registered ag | ent and tyle if an                                 | plicable (NO    | IIE Boois            | tornd And  | ent sin   | nature requir  | ired when reinstating) DATE  |
| 12. OFFICERS AND D  |                                       |                  |                                  |  |                 |                      |  |           |  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                  |
| TIT   | · · · · · · · · · · · · · · · · · · · | D                |                                  |  | DELETE          | _                    | 1 TITLE  |           |  | Change Addition  |
| NAI   | at [                                  | TRUPKII          | y, linda                         |  |                 | 1.                   | 2 NAME   |           |  |  |
| STREET ADDRESS 3535 WINDMILL RANCH DR.  |                                       |                  |                                  | 1.3 STREET ADD                                     |                 |                      | T ADDE   | ESS       |  |  |
| CIT   | Y-ST-ZIP                              | FT. LAU          | derdale fl                       |  |                 | 1.                   | 4 C/TY - 9   | ST-ZIF    |  |  |
| TIT   | .E                                    | D                |                                  |  | DELETE          | 2.                   | 1 TITLE  |           |  | Change Addition  |
| NA  | · · · · · · · · · · · · · · · · · · · |                  |                                  |  |                 | 2.2 NAME             |  | - (       |  |  |
| STA   | EET ADDRESS                           |                  | NDMILL RANCH DR.                 |  |                 | 2.                   | .3 STREET  | T ADDE    | ESS  |  |
| CIT   | TY-ST-ZIP FT. LAUDERDALE FL           |                  |                                  |  |                 | 2. 4 CiTY - S1 - 7IP |  | ,         |  |  |
| TIT   | .E                                    |                  |                                  |  | DELETE          | 3.                   | 1 TITLE  |           |  | Change Addition  |
| NA  | ME                                    |                  |                                  |  |                 | 3.                   | 2 NAME   |           |  |  |
| STR   | EET ADDRESS                           |                  |                                  |  |                 | 3.                   | 3 STREET   | r adde    | ESS  |  |
| CIT   | Y-ST-ZIP                              |                  |                                  |  |                 | 3.                   | 4. CITY-:  | ST- ZII   | . \  |  |
| TITL  | .E                                    |                  |                                  |  | DELETE          | 4.                   | 1 THTLE  |           |  | Change Addition  |
| NAI   | AE .                                  |                  |                                  |  |                 | 4.                   | 2 NAME   |           |  |  |
| STR   | EET ADDRESS                           |                  |                                  |  |                 | 4.                   | 3 STREET   | ADDE      | ESS  |  |

14. Thereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address.

4.4 CITY - ST - ZIP

5 3 STREET ADDRESS 5 4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

61 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

DELETE

12102

AM/ 200110.

Change

Change

Addition

Addition