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 # **L23838** **(0)**

1. Corporation Name

TRUMP ENTERPRISES, INC.

Principal Place of Business	Mailing Address
7200 GRIFFIN RD STE 4 DAVIE FL 33314 US	7200 GRIFFIN ROAD STE 4 DAVIE FL 33314 US

3. Date Incorporated or Qualified: **10/19/1989**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21: 4599 S. UNIVERSITY DR.
22: Suite, Apt. #, etc.
23: City & State: DAVIE, FL
24: Zip: 33328
25: Country: USA

2a. Mailing Address
26: 4614 SW 64TH AVE
27: Suite, Apt. #, etc.
28: City & State: DAVIE FL
29: Zip: 33314
30: Country: USA

4. FEI Number: **65-0198394** ☐ 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

CLODFELTER, JAMES RAY
7200 GRIFFIN RD., STE 4
DAVIE FL 33314

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 4614 SW 64TH AVE
83
84 City: DAVIE FL 85 Zip Code: 33314

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: JAMES R. CLODFELTER 4-25-96
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent Signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVT	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	VOLMER, A. GERALD		1.2 NAME		
STREET ADDRESS	7200 GRIFFIN RD., STE 4		1.3 STREET ADDRESS	4614 SW 64TH AVE	
CITY-ST-ZIP	DAVIE FL		1.4 CITY-ST-ZIP	DAVIE, FL 33314	
TITLE	DPS	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	CLODFLTER, JAMES R.		2.2 NAME		
STREET ADDRESS	7200 GRIFFIN RD, STE 4		2.3 STREET ADDRESS	4614 SW 64TH AVE	
CITY-ST-ZIP	DAVIE FL		2.4 CITY-ST-ZIP	DAVIE, FL 33314	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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.

SIGNATURE: JAMES R. CLODFELTER 4-25-96 (305) 792-8999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #