

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L23838

1. Corporation Name
TRUMP ENTERPRISES, INC.

Principal Place of Business

4599 S UNIVERSITY DR
DAVIE FL 33314
US

Mailing Address

4614 SW 64TH AVE
DAVIE FL 33314
US

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90202 030 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/19/1989

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CLODFELTER, JAMES RAY
4614 SW 64TH AVE
DAVIE FL 33314

10. Name and Address of New Registered Agent

81 Name

RICHARD RUBLOWITZ

82 Street Address (P.O. Box Number is Not Acceptable)

83

4599 S. UNIVERSITY DR

84 City

DAVIE

FL

85 Zip Code
33328

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.

Richard Rublowitz

4-4-99

DATE

12. OFFICERS AND DIRECTORS

TITLE	DVT	<input checked="" type="checkbox"/> DELETE
NAME	VOLMER, A. GERALD	
STREET ADDRESS	4614 SW 64TH AVE	
CITY-ST-ZIP	DAVIE FL	
TITLE	DPS	<input checked="" type="checkbox"/> DELETE
NAME	CLODFELTER, JAMES R.	
STREET ADDRESS	4614 SW 64TH AVE	
CITY-ST-ZIP	DAVIE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RICHARD RUBLOWITZ	
1.3 STREET ADDRESS	4599 S. UNIVERSITY DR.	
1.4 CITY-ST-ZIP	DAVIE FLORIDA 33328	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby 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 supplement to an 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 added, with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD RUBLOWITZ

Date

Daytime Phone #

CR2E034 (1/98)