SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17. 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT** 1997

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M23368

(7)

FILED Sep 18 1997 8:00am Secretary of State

TRAYM/	ARK, INC	•	•	•					
Principal Place	e of Busines	s	Mailing Address				-{		8) (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2220 N.E. 199TH STREET 2220 N.E. 199TH STREET									
N. MIAMI BEACH FL 33180 N. MIAMI BEACH FL 33180								e e	_
								E IN THIS SPACE	
							3. Date Incorporated or Qualified	1	•
2. Principal Place of Business			2a. Mailing Address			11/14/1985 4. FEI Number	08/21/1	Applied For	
21			26			65-0191783	F	Not Applicable	
Sulte, Apt. #, etc.			Suite, Apt. #, etc.				□ \$8	.75 Additional	
22			27			5. Certificate of Status Desired		ee Required	
City & State			City & State			Election Campaign Financing Trust Fund Contribution		5.00 May Be	
Zip		Country	Zip		Country		8. This corporation owes or has p		
24		25	29	30			Personal Property Tax due Jun	e 30. 🔲 Yes	□ No
	9. Name	and Address of Curre	nt Registered Agent		.]		10. Name and Address of New R	egistered Agent	
	EN,MARSH				81	Name			
2220 NE 199 ST.					82	Street Addre	ess (P.O. Box Number is Not Accepte	ıble)	
N. MIAMI BEACH FL 33180					83				
					[63]				
					84	City		FL 85	Zip Code
11 Pursuant	to the provis	ions of Sections 607 05	02 and 607 1508 Florida	Statutes th	ne above-l	named corp	oration submits this statement for the		ning its registered
office or r	registered ag	ent, or both, in the Stat	e of Florida, Such change	e was autho	orized by t	he corporati	oration submits this statement for the on's board of directors. I hereby acce	opt the appointme	ent as registered
SIGNATURE			100000000000000000000000000000000000000	MA	0101010s.	a D	[[S.N.) 9	11/00	
SIGNATURE	Signature, lypied				~ / / / / /	, ,,,			
12.		or printed name of registered as	pent and title if applicable	(NOTE Reg	stered Agent	aignature require	ed whon reinstating)	DATE	
TITLE	1 -		ND DIRECTORS		13.	signature require	d when reinstating) ADDITIONS/CHANGES TO OFF		
!	P	OFFICERS AF		TE	13. 1.1 TITLE	signature require		DATE ICERS AND DIRE	
NAME	ALLEN,N	OFFICERS AF	ND DIRECTORS	TE	13. 1.1 TITLE 1.2 NAME				
STREET ADDRESS	ALLEN,M 2220 N.I	OFFICERS AF IARSHA E. 199TH ST.	ND DIRECTORS	TE	13. 1.1 TITLE 1.2 NAME 1.3 STREET AL	DDRESS			
STREET ADDRESS CITY-ST-ZIP	ALLEN,M 2220 N.I	OFFICERS AF	ND DIRECTORS	TE	13. 1.1 TITLE 1.2 NAME 1.3 STREET AL 1.4 CITY-ST-	DDRESS		Cr	nange Addition
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6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

14. I do 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 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.