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 # **M41813** **(0)**

1. Corporation Name

T.R.G. ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1040 BAYVIEW DRIVE 605 FT. LAUDERDALE FL 33304 US	1040 BAYVIEW DRIVE 605 FT.LAUDERDALE FL 33304 US

2. Principal Place of Business 21 33 N.E 2ND STREET	2a. Mailing Address 26 5250 NW 74TH TERRACE
Suite, Apt. #, etc. 22 SUITE 206	Suite, Apt. #, etc. 27
City & State 23 FT. LAUDERDALE FL	City & State 28 LAUDERHILL FL
Zip 24 33301 Country 25 BROWARD.	Zip 29 33319 Country 30 BROWARD.

3. Date Incorporated or Qualified 11/18/1986	3a. Date of Last Report 04/14/1995
4. FEI Number 59-2745445	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

HOWE, OSMOND C JR.
MERSHON SAWYER ET AL
200 S. BISCAYNE BLVD. #4500
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name HOWE, OSMOND C. JR. GREENBERG TRAURIG

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

83 1221 BRICKELL AVE

84 City MIAMI FL 85 Zip Code 33131

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when not filing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GIBB, THOMAS R.		1.2 NAME	
STREET ADDRESS	5250 N.W. 74TH TERRACE		1.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL		1.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GIBB, BEVERLEY A		2.2 NAME	
STREET ADDRESS	5250 N.W. 74TH TERRACE		2.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL		2.4 CITY-ST-ZIP	
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: Thomas R Gibb PRESIDENT 3/4/96 305-565-5772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #