SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 JUL 20 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N44937** **(3)**

1. Corporation Name

TREES FOR DADE, INC.

Principal Place of Business	Mailing Address
22200 SW 137 AVE ~~19607 OLD CUTLER RD.~~ GOULDS FL 33170 US	22200 SW 137 AVE ~~19607 OLD CUTLER RD.~~ GOULDS FL 33170 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/03/1991
3a. Date of Last Report: 01/25/1994
4. FEI Number: 65-0271251 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

TRUMP, THOMAS N.
22200 SW 137TH AVE
GOULDS FL 33170

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ 7/5/95
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	DP	11 TITLE	DP	☒ Change ☐ Addition
NAME	HARRIS, JOHN A.	12 NAME	Dobson, Bill	
STREET ADDRESS	2822 VAN BUREN ST.	13 STREET ADDRESS	1015 Dove Avenue	
CITY-ST-ZIP	HOLLYWOOD FL	14 CITY-ST-ZIP	Miami Springs, FL 33166-3206	
TITLE	DVP	21 TITLE		☐ Change ☐ Addition
NAME	LANCE, RANDALL	22 NAME		
STREET ADDRESS	907 CORL WAY	23 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL	24 CITY-ST-ZIP		
TITLE	DT	31 TITLE		☐ Change ☐ Addition
NAME	TRUMP, THOMAS N.	32 NAME		
STREET ADDRESS	20 MANGORVE LANE	33 STREET ADDRESS		
CITY-ST-ZIP	KEY LARGO FL	34 CITY-ST-ZIP		
TITLE	DS	41 TITLE		☐ Change ☐ Addition
NAME	PHARES, PATRICIA L.	42 NAME		
STREET ADDRESS	17615 SW 119 AVE.	43 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E037 (3/95)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 7/5/95 (305) 358-3710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000135