FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)

1. Corporatio	on Name	, (0)			
TREES	FOR DADE, INC.				
Principal Plac	ce of Business	Mailing Address			HM
 - 22200-8W-137	- <u>410-</u>	-22200 SW-137-AVE.		2 Data lease existed on Qualified	 -,
GOULDS FL 33170 GOULDS FL 33170				3. Date Incorporated or Qualified	
US		US		09/03/1991 4. FEI Number Applied F	or
İ				65-0271251 Not Appli	
	Place of Business	2a. Mailing Address		5. Certificate of Status Desired \$8.75 Addition	nal
21 40	Miami Metrozov		1 - Metroco	Fee Required	
<u> </u>	00 S.W. 152 ST	Suite, Ap1. #, etc.	5W158 ST	6. Etection Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	,
Crty & Stat	to	City & State	2M 12 W 21	7. Is this nonprofit corporation a homeowners association?	
23 N	Miami FL	28 Miami	<u> </u>	☐ Yes 🔀 No	
Zip _	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible	Ð
24 331	9. Name and Address of Current	29 33 77	30 U.S.	Personal Property Tax due June 30. Yes No	
	9. Name and Address of Current	i negistered Agent	81 Name	10. Name and Address of New Registered Agent	
77014.60	THOMAS				
TRUMP, THOMAS N.				dress (P.O. Box Number is Not Acceptable)	
22200 SW 137TH AVE GOULDS FL 33170—			83	4400 31M2 12 W 21	
GOOLD	5 TE 33170				
			84 City	FL 85 Zip Code 33 177	,
11. Pursuant	to the provisions of Sections 617,0502	and 617.1508, Florida Statut	es, the above-named cor	rporation submits this statement for the purpose of changing its regis	tered
agent la	registered agent, or both, in the State of am familiar with, and accept the obliga	or Florida. Such criange was i tions of, Section 617.0503, Fk	autnorized by the corpora brida Statutes.	ation's board of directors. I hereby accept the appointment as registe	irea
SIGNATURE		LIZ		4/16/98	
12.	Signature, typed or printed runnip of registered agen OFFICERS AND		F Registered Agent signature request. 13.	ired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	į
TITLE	DP	DELETE	1.1 YITLE		2 ddition
NAME	DOBSON, BILL		1.2 NAME	Jenny May.	
STREET ADDRESS	1015 DOVE AVENUE		1.3 STREET ADDRESS	1717 Madrid	
CITY-S1-ZIP	MIAMI SPRINGS FL		1.4 CITY-ST-ZIP	Caral Gables F1 33134	}
THLE	DVP	DELETE	2.1 TITLE		ddition
NAME	LANCE, RANDALL		2.2 NAME	Bill Vobson	
STREET ADORESS	907 CORL WAY		2.3 STREET ADDRESS	1015 Dove Avenue	1
CITY-ST-ZIP TITLE	CORAL GABLES FL	DELETE	2. 4 CiTY-ST-ZIP 3.1 TITLE	Miami Springs, Fl 33166	ddition
NAME	DT Trump, Thomas N.	ריי טנרנוג	3.1 MILE 3.2 NAME	- , , L., Gualige L., Al	Suitedit
STREET ADDRESS	20 MANGORVE LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	KEY LARGO FL 33037		3.4. CITY - ST - ZIP		1
TITLE	DS	☐ DELETE	4.1 TITLE	☐ Change ☐ Ad	ddition
NAME	PHARES, PATRICIA L.		4 2 NAME)
STREET ADDRESS	17615 SW 119 AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33177		4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE	☐ Change ☐ A	ddition
NAME			5.2 NAME		
STREET ADORESS	1		5.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>	DELETE	5 4 CITY-ST-ZIP	☐ Change ☐ Ac	ddition
TITLE NAME			6.1 TITLE 6.2 NAME	C) change C) X	JUNEOU
STREET ADDRESS	}		6.2 NAME 6.3 STREET ADDRESS		}
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
WILL OLLER			■ 0.7 O((O)** £((

4. 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 ennual 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 attechment with an address.

SIGNATURE:

FILED

Apr 23 1998 8:00am

Secretary of State