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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

SIGNATURE: \_

N51225

(3)

TRAIL BUSINESS ASSOCIATION INC.

					( IBE III &) BOL BURL VIRUS VIRUS			
Principal Pla	ace of Business	Mailing Address	<del></del>					
4640 SOUT	TH ORANGE BLOSSOM TRAIL	4640 SOUTH ORANGE	PLOCCOLL TOAK		s commen dat ditte bildig liftig :	engar Alft ALBIL SE	PRI MIMIN MI	ioni oldin 616il (96
SUITE 403 SUITE 403		BLOSSOM TRAIL						
	· E 92000	ORLANDO FL 32809		-	3. Date incorporated or Qualifie	d 39 Do	to of La	st Report
2. Principal	Place of Business	2a. Mailing Address			09/14/1992	1	01/30	
17130	) S. orange Bloscom		1130 5.06	27	4. FEI Number	I <u></u>	01/00/	Applied For
Suite, Ap	it. #, etc. =	Suite, Apt. #, etc.	1100 0.06		5 <del>9-3140167</del>			Not Applicab
2 <u>501</u> City & Sta	te 100	27 Suite 10	00	] :	<ol><li>Certificate of Status Desired</li></ol>			75 Additional Beguired
ORL	ando, FL	City & State  28 Orlando	51		6. Election Campaign Financing			00 May Be
Zip	Country	Zip Tarao	Country		Trust Fund Contribution	LJ	Add	led to Fees
32	809 25 Orange	29 32809	30 Orano	10 1º	<ol> <li>This corporation has liability for Florida Statutes</li> </ol>	or intangible tax	k under .	s. 199.032,
	9. Name and Address of Currer	nt Registered Agent			). Name and Address of New	Registered A	No	
00000	V mmm		81 Nam	е		gto.iog A	gon	
	Y, BRENDA		<b>82</b> Stree	t Address (F	P.O. Box Number is Not Accepta	ahlo)		
ORIANI	IOLDEN AVE DO FL 32839		83					
OHENN	DO FE 32839		[83]					
			84 City				85 Z	ip Code
<ul> <li>Pursuant or registe</li> </ul>	to the provisions of Sections 617.0502 gred agent, or both, in the State of Floric with, and accept the obligations of, Section	and 617.1508, Florida Statute	s, the above named o	orporation :	submits this statement for the	<u>FL</u>		
formit a	ith and account the obligation of D	<ul> <li>Such change was authorize</li> </ul>	d by the corporation'	s board of c	lirectors. I hereby accept the apr	urpose of chan pointment as re	iging its egistered	registered offi d agent. I am
iairilliar w	and accept the bullgations of, Sections	on 617.0503, Florida Statutes.			, ,,,,,,			
		- Wester, Florida Glatthes.			, , , , , ,	, as it		
SNATURE	Signature, typed or printed name of registerou agent a	and tile if applicable (NOTI	E. Registereo Agent signature			DATE		
SNATURE	Signature, typed or printed name of registeriou agent a OFFICERS AND	and the if applicable (NOTI	E: Registereo Agent signature 13.	required when n	einstahn <sub>k</sub> )	DATE		ORS IN 12
ENATURE	Signature, typed or printed name of registerious agent.  OFFICERS AND  DP	and tile if applicable (NOTI	E: Progristered Agent signature 13. 11 THILE	required when r	einsteine <sub>k</sub> . ADDITIONS/CHANGES TO OF	DATE FICERS AND E		OFIS IN 12
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Date

Daytime Phone #