

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 # P40411 (1)

1. Corporation Name

TRAILER FINANCING, INC.

Principal Place of Business

5700 INDUSTRIAL BLVD.
MILTON FL 32583

Mailing Address

5700 INDUSTRIAL BLVD.
MILTON FL 32583

3. Date Incorporated or Qualified

09/10/1992

3a. Date of Last Report

01/30/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

52-1686666

Applied For

Not Applicable

22

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WORAM, BRYON L.
5700 INDUSTRIAL BLVD.
MILTON, FL 32583

81

Name

CORPORATION SERVICE COMPANY

82

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

1201 Hays Street

83

84

City

Tallahassee

FL

85

Zip Code

32301

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.

Karen B. Rozar, as its agent

SIGNATURE

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when resigning)

4-24-96

DATE

12. OFFICERS AND DIRECTORS

TITLE CP ☐ DELETE

NAME MASH, NATHAN
STREET ADDRESS 19516 PLANTERS POINT DR.
CITY-ST-ZIP BOCA RATON FL

TITLE DV ☐ DELETE

NAME MASH PAULINE D.
STREET ADDRESS 19516 PLANTERS POINT DR.
CITY-ST-ZIP BOCA RATON FL

TITLE DST ☐ DELETE

NAME ELLIN, LESTER
STREET ADDRESS ONE CORP. CENTER, #335
CITY-ST-ZIP OWINGS MILLS MD

TITLE V ☐ DELETE

NAME WARANCH, AILENE M.
STREET ADDRESS 3508 OLD POST DRIVE
CITY-ST-ZIP BALTIMORE MD

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

8000001795308

04/25/96-01/04-014

****200.00 ****200.00

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

4/25/96

410-727-5735

CR2E034 (12/95)