

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **P92000011469 (3)**

1. Corporation Name

**TRM SALES & SERVICES, INC.**



Principal Place of Business

**2300 N 37TH AVENUE  
HOLLYWOOD FL 33021**

Mailing Address

**2300 N 37TH AVENUE  
HOLLYWOOD FL 33021**

2. Principal Place of Business

2a. Mailing Address

21 **112 N LAS OLAS DR**

26 **112 N LAS OLAS DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **Jensen Beh, FL**

28 **Jensen Beh, FL**

24 **34957** 25 **USA**

29 **34957** 30 **USA**

3. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**12/11/1992**

3a. Date of Last Report

**04/11/1995**

4. FEI Number

**65-0379244**

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

10. Name and Address of New Registered Agent

**MARTIN, TOM**

**2300 N 37TH AVENUE  
HOLLYWOOD FL 33021**

81 Name

**MARTIN TOM**

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

**112 N LAS OLAS DR**

83

84

**Jensen Beh**

**FL**

**34957**

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

*Tom Martin*

(NOTE: Registered Agent signature required when re-registering)

**3/5/96**

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **MARTIN, TOM**  
STREET ADDRESS **2300 N 37TH AVENUE**  
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

1.1 TITLE **D** ☒ Change ☐ Addition  
1.2 NAME **MARTIN TOM**  
1.3 STREET ADDRESS **112 N LAS OLAS DR.**  
1.4 CITY-ST-ZIP **JENSEN BEH, FL 34957**

2.1 TITLE **D** ☐ Change ☒ Addition  
2.2 NAME **MARTIN ELANOR**  
2.3 STREET ADDRESS **112 N LAS OLAS DR.**  
2.4 CITY-ST-ZIP **JENSEN BEH, FL 34957**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

*Thomas Martin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/5/96**

**407-229-5935**

Date

Daytime Phone #

CR2E034 (12/95)