

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000045917 (0)

1. Corporation Name

FORT LAUDERDALE DOWNTOWN TROLLEY CO., INC.

Principal Place of Business

200 N.W. 2ND STREET
FORT LAUDERDALE FL 33311

Mailing Address

200 N.W. 2ND STREET
FORT LAUDERDALE FL 33311

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/21/1993	3a. Date of Last Report 06/24/1994
4. FEI Number APPLIED FOR 59-2757161	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	

2. Principal Place of Business 21 806 S. Military Tr. Suite, Apt. #, etc. 22	2a. Mailing Address 26 806 S. Military Tr. Suite, Apt. #, etc. 27
City & State 23 DEERFIELD BEACH FL	City & State 28 DEERFIELD BEACH FL
Zip 24 33442	Zip 29 33442
Country 25	Country 30

9. Name and Address of Current Registered Agent

SCHNEIDER, LAZ-L
100 NE 3RD AVENUE
SUITE 400
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name Joseph D. Perez	85 Zip Code 33442
82 Street Address (P.O. Box Number is Not Acceptable) 3947 NW 7TH PLACE	
83	
84 City Deerfield Beach	FL

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 607.0405, Florida Statutes.

SIGNATURE: *Joseph D. Perez Jr.*

(NOTE: Registered Agent signature required when terminating)

DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	1.1 TITLE GERACI, MICHAEL	1.1 TITLE GERACI, MICHAEL C	☒ Change ☐ Addition
NAME	1.2 NAME	1.2 NAME	
STREET ADDRESS 200 N.W. 2ND STREET	1.3 STREET ADDRESS FT. LAUDERDALE FL 33311	1.3 STREET ADDRESS 11811 HIGHLAND PL	
CITY- ST- ZIP	1.4 CITY- ST- ZIP	1.4 CITY- ST- ZIP CORAL SPRINGS FL 33071	
TITLE D	2.1 TITLE	2.1 TITLE	☒ Change ☐ Addition
NAME PEREZ SR., JOSEPH D.	2.2 NAME	2.2 NAME	
STREET ADDRESS 3947 NW 7TH PLACE	2.3 STREET ADDRESS	2.3 STREET ADDRESS	
CITY- ST- ZIP DEERFIELD BEACH FL	2.4 CITY- ST- ZIP	2.4 CITY- ST- ZIP 33442	
TITLE	3.1 TITLE	3.1 TITLE	☐ Change ☐ Addition
NAME	3.2 NAME	3.2 NAME	
STREET ADDRESS	3.3 STREET ADDRESS	3.3 STREET ADDRESS	
CITY- ST- ZIP	3.4 CITY- ST- ZIP	3.4 CITY- ST- ZIP	
TITLE	4.1 TITLE	4.1 TITLE	☐ Change ☐ Addition
NAME	4.2 NAME	4.2 NAME	
STREET ADDRESS	4.3 STREET ADDRESS	4.3 STREET ADDRESS	
CITY- ST- ZIP	4.4 CITY- ST- ZIP	4.4 CITY- ST- ZIP	
TITLE	5.1 TITLE	5.1 TITLE	☐ Change ☐ Addition
NAME	5.2 NAME	5.2 NAME	
STREET ADDRESS	5.3 STREET ADDRESS	5.3 STREET ADDRESS	
CITY- ST- ZIP	5.4 CITY- ST- ZIP	5.4 CITY- ST- ZIP	
TITLE	6.1 TITLE	6.1 TITLE	☐ Change ☐ Addition
NAME	6.2 NAME	6.2 NAME	
STREET ADDRESS	6.3 STREET ADDRESS	6.3 STREET ADDRESS	
CITY- ST- ZIP	6.4 CITY- ST- ZIP	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 110.07(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 addition.

SIGNATURE: *Michael C. Geraci*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/95 (305) 449-3100
Date (Typed Name)