## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000036641 (6)

| SOUTH FLORIDA TROLLEY CO.                          | , INC.   |   |  |  |  |  |
|--|--|---|--|--|--|--|
| Principal Place of Business                        | Mailing Address                                    | DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified |  |  |  |  |
| 806 S MILITARY TR<br>DEERFIELD BEACH FL 33442-2985 | 806 S MILITARY TR<br>DEERFIELD BEACH FL 33442-2985 |   |  |  |  |  |
|  |  |   |  |  |  |  |
|  |  | 05/12/1994  |  |  |  |  |
| 2. Principal Place of Business                     | 28. Mailing Address                                | 4. FEI Number Applied For                                     |  |  |  |  |
| 27 998 S. Military Tr.                             | 26 998 S. Military Tr.                             | <b>59-2757155</b> Not Applica                                 |  |  |  |  |
| Suite, Apt. #, etc.                                | Suite, Apt. #, etc.                                | 5. Certificate of Status Desired 38.75 Additional             |  |  |  |  |

Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name PEREZ, JOSEPH D. 3947 NW 7TH PLACE Street Address (P.O. Box Number is Not Acceptable)

| DEEM ILLO DEMONT E 00442  |                          | 1 201    |             |               |   |     |       |            |  |  |
|---|--------------------------|----------|-------------|---------------|---|-----|-------|------------|--|--|
|   |                          |          | 63          |               |   |     |       |            |  |  |
|   |                          |          | 84          | City          | FL                                      | 85  | Zip C | 2ode       |  |  |
| 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 Signature, typed or profest harm of registered agent and title if applicable (INOTE Registered Agent signature required when reinstating) OATE  |                          |          |             |               |   |     |       |            |  |  |
| 12.   | OFFICERS AND DIRECT      |          | 13.         |               | ADDITIONS/CHANGES TO OFFICERS AN        |     |       |            |  |  |
| TITLE   | D                        | DELETE   | 1 1 TITLE   |               |   | Ch. | ange  | Addition   |  |  |
| NAME  | GERACI, MICHAEL C        |          | 1.2 NAME    |               |   |     |       |            |  |  |
| STREET ADDRESS  | 11811 HIGHLAND PL        |          | 1.3 STREET  | address       | <del>{</del>                            |     |       |            |  |  |
| CITY-ST-ZIP   | _CORAL SPRINGS FL        |          | 1.4 CITY-S  | r- ZIP        | <u> </u>                                |     |       |            |  |  |
| TITLE   | D                        | ☐ DELETE | 21 TITLE    |               | Director, President                     | Ch  | ange  | ☐ Addition |  |  |
| NAME  | PEREZ, JOSEPH D          |          | 2.2 NAME    |               |   |     |       |            |  |  |
| STREET ADDRESS  | 3947 NW 7 PL             |          | 2.3 STREET  | ADDRESS       |   |     |       |            |  |  |
| CITY-ST-ZIP   | DEERFIELD BEACH FL 33442 |          | 2 4 CITY-S  |               |   |     |       |            |  |  |
| TITLE   |                          | ☐ DELETE | 3.1 TITLE   |               | V.P. Tres.                              | Ch: | ange  | Addition   |  |  |
| NAME  |                          |          | 3.2 NAME    |               | DAICY REFER THST.                       |     |       |            |  |  |
| STREET ADDRESS  |                          |          | 3,3 STREET. | ADDRESS       | 9157 B SW 5' 31.                        |     |       |            |  |  |
| CITY-ST-ZIP   |                          | ·        | 3.4. CITY-S |               | Born Raton F1. 33428                    |     |       |            |  |  |
| TITLE   |                          | DEFETE   | 4.1 TITLE   |               | · `                                     | Chi | ange  | Addition   |  |  |
| NAME  |                          |          | 4. 2 NAME   | į             | Juseph D. Perez, Jr.<br>3947 NW 7th Pl. |     |       |            |  |  |
| STREET ADDRESS  |                          |          | 4.3 STREET  | ADDRESS       | 3947 NW 77h Pl.                         |     |       |            |  |  |
| CITY-ST-ZIP   |                          |          | 4.4 CITY-S  |               | Deersield Box Fl. 33442                 |     |       |            |  |  |
| TITLE   |                          | DELETE   | 5.1 TITLE   |               |   | Chi | ange  | Addition   |  |  |
| NAME  |                          |          | 5.2 NAME    |               |   |     |       |            |  |  |
| STREET ADDRESS  |                          |          | 5.3 STREET  | ADDRESS       |   |     |       |            |  |  |
| CITY-ST-ZIP   |                          |          | 54 CITY-S   | - <b>Z</b> IP |   |     |       |            |  |  |
| TITLE   |                          | DELETE   | 6.1 TOLE    |               |   | Chi | ange  | Addition   |  |  |
| NAME  |                          |          | 6.2 NAME    |               |   |     |       |            |  |  |
| STREET ADDRESS  |                          |          | 6.3 STREET  | ADDRESS       |   |     |       |            |  |  |
| CITY-ST-ZIP   |                          |          | 6.4 CITY-ST | r-ZIP         |   |     |       |            |  |  |

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 rocciver 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: A JACCA TELLS DECOMPTED TO STATE TO STA

6. Election Campaign Financing

**FILED** 

Apr 07 1998 8:00am

Secretary of State

Applied For Not Applicable

Fee Required

\$5.00 May Be