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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 26 PM 4: 25

DOCUMENT # V16178 (8)

1. Corporation Name

TRADING CORPORATION OF SOUTH FLORIDA

Principal Place of Business

5295 TOWN CENTER RD
STE 400
BOCA RATON FL 33486
US

Mailing Address

5295 TOWN CENTER RD
STE 400
BOCA RATON FL 33486
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/24/1992	3a. Date of Last Report 02/01/1994
4. FEI Number 65-0313209	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 PARENT FILES	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS RONDEAU, PATRICK E. 5295 TOWN CENTER RD BOCA RATON FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	P/S/D PATRICK E. RONDEAU 5295 TOWN CENTER ROAD BOCA RATON, FL 33486 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V KOSCHER, DANIEL C. 5295 TOWN CENTER RD BOCA RATON FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	V/D KOSCHER, DANIEL C. 5295 TOWN CENTER ROAD BOCA RATON, FL 33486 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MURRAY, ALAN L. 5295 TOWN CENTER RD BOCA RATON FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	T/D MURRAY, ALAN L. 5295 TOWN CENTER ROAD BOCA RATON, FL 33486 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GORMAN, JOANNE 5295 TOWN CENTER RD BOCA RATON FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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, Change, or on an attachment with an address.

SIGNATURE: *Patrick E. Rondeau* PATRICK E. RONDEAU

1/11/95

407-361-2705

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number