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**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 20 AM 8:47

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # V49797

(6)

1. Corporation Name

TRAINER ENTERPRISES, INC.

Principal Place of Business

**3301 NW 22ND TERR.
POMPANO BEACH FL 33069**

Mailing Address

**3301 NW 22ND TERR.
POMPANO BEACH FL 33069**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/09/1992

3a. Date of Last Report

04/11/1994

2. Principal Place of Business

21 10020 S. NOB HILL CIRCLE

Suite, Apt. #, etc.

2a. Mailing Address

26 10020 S. NOB HILL CIRCLE

Suite, Apt. #, etc.

4. FEI Number

65-0344386

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. 189.032,
Florida Statutes

☐ Yes

☒ No

City & State

23 TAMARAC, FLORIDA

Zip

Country

25 USA

City & State

28 TAMARAC, FLORIDA

Zip

Country

30 USA

24 33321

25 USA

29 33321

30 USA

9. Name and Address of Current Registered Agent

**GEROW, JEFFREY S.
485 E. PALMETTO PARK RD.
BOCA RATON FL 33432**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

TITLE **D**
NAME **TRAINER, MICHAEL**
STREET ADDRESS **3301 NW 22ND TERR.**
CITY-ST-ZIP **POMPANO BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE **D** ☒ Change ☐ Addition
12 NAME **TRAINER, MICHAEL**
13 STREET ADDRESS **10020 S. NOB HILL CIRCLE**
14 CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2. 1 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3. 1 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4. 1 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5. 1 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6. 1 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 it 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

MICHAEL TRAINER

4-17-95

Date

(305) 726-5505

Signature Number