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

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

(6)

DOCUMENT # V497
1. Corporation Name
TRAINER ENTERPRISES, INC.

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Principal Place 10020 S NO TAMARAC I US	OB HILLS CIRCLE	Mailing Address 10020 S NOB HILLS TAMARAC FL 33321 US	CIRCLE		3. Date Incorporated or Qualified	3a. Date of ast Re 04/20/19	95		
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number 0344386	L	pplied For lot Applicable		
Suite, Apt. #	#, etc.	Suite, Apt. #, TRAIN	IER		5. Certificate of Status Desired	\$8.75 Additional			
22		27 8202 NW 1	OD LANG			- Fee H	lequired		
City & State		City 8 Tamarac, F	L 33341		<ol> <li>Election Campaign Financing Trust Fund Contribution</li> </ol>		May Be I to Fees		
Zip	Country	Zip	Country		8. This corporation has liability for it		199.032,		
24	25	29	30		Florida Statutes Yes				
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New R	egistered Agent			
GERO	W. JEFFREY S.					···			
	. PALMETTO PARK RD.		B2	Street Add	ess (P.O. Box Number is Not Acceptab	le)			
	RATON FL 33432		63						
			84	City		FI 85 Zip	Code		
or register familiar wit SIGNATURE	ed agent, or both, in the State of Flo th, and accept the obligations of, Sei Signature, biped or printed name of registered age	nt and title if applicable (NO	et by the corp	Oracion's boa	ration submits this statement for the pur rd of directors. I hereby accept the appoint of when reinstating? ADDITIONS/CHANGES TO OFFI	DATE			
12.	T D OFFICERS A	ND DIRECTORS	13.			Change	Addition		
TITLE NAME	TRAINER, MICHAEL		1.2 NAME		TRAINER, MIC	HAGC -			
STREET ADDRESS	10020 S NOB HILLS CIRC	CLE	1.3 STREET	ADDRESS	8202 NW 100 Land				
CITY-ST-ZIP	TAMARAC FL		1.4 CITY - S	T-ZIP	Tamarac, FL 33321				
TILE		☐ DELETE	2. 1 TITLE			☐ Change	Addition		
NAME			2.2 NAME	-					
STREET ADDRESS			2.3 STREET	- 1					
CITY-ST-ZIP		DELETE	2.4 CITY - S 3. 1 TITLE	ST-ZIP		[7] Change	Addition		
TITLE			3. 1 HILE 3.2 NAME						
NAME STREET ADDRESS				T ADDRESS					
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STREET ADORESS			5.4 CITY-5						
CITY - ST - ZIP		☐ DELETE	6 1 TITLE	21 EH		☐ Change	Addition		
NAMÉ .		<b>S</b> ayshing	6.2 NAME						
STREET ADDRESS			6 3 STREE	I 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: