

FILE NOW: FILING FEE IS \$61.25

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Mar 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 729378 (0)

1. Corporation Name
THE TRELLISES ASSOCIATION, INC.



Principal Place of Business DCI 2901 SIMMS ST. HOLLYWOOD FL 33020	Mailing Address DCI 2901 SIMMS ST. HOLLYWOOD FL 33020
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3. Date Incorporated or Qualified
04/16/1974

4. FEI Number
59-1655424

Applied For	Not Applicable
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21. Principal Place of Business c/o Robert Sonnenberg, Pres 9703 N. New River Canal Rd. Suite, Apt. #, etc. #102 City & State Plantation, FL Zip 33324	22. Mailing Address c/o Robert Sonnenberg, Pres 9703 N. New River Canal Rd. Suite, Apt. #, etc. #102 City & State Plantation, FL Zip 33324	25. Country U.S.A.	26. Country U.S.A.
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

DCI
2901 SIMMS ST.
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name Gary A. Poliakoff, President
82 Street Address (P.O. Box Number is Not Acceptable) Becker & Poliakoff, P.A.
83 3111 Stirling Road
84 City Fort Lauderdale
85 Zip Code FL 33312

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE **3-10-98**

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MOWATT, JOHN 958 MOCKINGBIRD LN, STE 512 PLANTATION FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SCHWARTZ, WILLIAM 958 MOCKINGBIRD LANE, STE 502 PLANTATION FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SONNENBERG, ROBERT 9703 N NEW RIVER CANAL RD, STE 102 PLANTATION FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HEEDE, SAM J L 9727 N NEW RIVER CANAL RD PLANTATION, FL 00000	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DP SONNENBERG, ROBERT 9703 N. NEW RIVER CANAL ROAD, #102 PLANTATION, FL 33324	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	DV MAY, DENISE 9727 N. NEW RIVER CANAL RD., #632 PLANTATION, FL 33324	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	DS KERAN, CONNIE 9729 N. NEW RIVER CANAL RD., #626 PLANTATION, FL 33324	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	DT SCHWARTZ, RON 9701 N. NEW RIVER CANAL RD., #109 PLANTATION, FL 33324	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing 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 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: Robert Sonnenberg ROBERT SONNENBERG, PRES. 3/10/98 954-423-0749

CP2E037 (10/97)