


FILE NOW: FILING FEE IS \$61.25

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Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90018 048 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 729378

1. Corporation Name
THE TRELISES ASSOCIATION, INC.

Principal Place of Business 9703 N. NEW RIVER CANAL ROAD #102 PLANTATION FL 33324 US	Mailing Address 9703 N. NEW RIVER CANAL ROAD #102 PLANTATION FL 33324 US
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21 Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 04/16/1974
22 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1655424
23 City & State	27 City & State	Applied For Not Applicable
24 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/>
25 Country	29 Country	30 \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		31 \$5.00 May Be Added to Fees

POLIAKAFF, GARY A. BECKER & POLIAKAFF, P.A. 3111 STIRLING ROAD FT. LAUDERDALE FL 33312	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SONNENBERG, ROBERT	1.2 NAME	
STREET ADDRESS	9703 N. NEW RIVER CANAL ROAD, #102	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33324	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAY, DENISE	2.2 NAME	
STREET ADDRESS	9727 N. NEW RIVER CANAL ROAD, #632	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33324	2.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERAN, CONNIE	3.2 NAME	
STREET ADDRESS	9729 N. NEW RIVER CANAL ROAD, #626	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33324	3.4 CITY-ST-ZIP	
TITLE	DT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHWARTZ, RON	4.2 NAME	DT EILEEN METZGER
STREET ADDRESS	9701 N. NEW RIVER CANAL ROAD, #109	4.3 STREET ADDRESS	9725 N. NEW RIVER CANAL RD
CITY-ST-ZIP	PLANTATION, FL 00000 33324	4.4 CITY-ST-ZIP	PLANTATION, FL 33324 # 428
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *R. Sonnenberg* ROBERT SONNENBERG 3-15-99 954 423-0749

CR2E037 (11/98)