

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

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **V17221** (5)
TRENDS MODEL TALENT, INC.

APPROVED AND FILED
95 MAY -1 AM 8:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 2900 E 7TH AVE TAMPA FL 33605
Mailing Address: 2900 E 7TH AVE TAMPA FL 33605

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. State, Apt. #, etc.	26. State, Apt. #, etc.	02/20/1992	10/24/1994
22. City & State	27. City & State	4. FEI Number	Applied For / Not Applicable
23. City & State	28. City & State	59-3165234	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. City & State	29. City & State	30. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under Fla. Stat. Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ITALIANO, PATRICIA M. 2900 E 7TH AVE TAMPA FL 33605	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 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: *Patricia M. Italiano*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
OFFICE	PD ITALIANO, PATRICIA M 2900 E 7TH AVE TAMPA FL 33605	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY & ZIP		14 CITY & ZIP	
OFFICE	SD ITALIANO, SALVATORE A 2900 E 7TH AVE TAMPA FL 33605	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY & ZIP		24 CITY & ZIP	
OFFICE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY & ZIP		34 CITY & ZIP	
OFFICE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY & ZIP		44 CITY & ZIP	
OFFICE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY & ZIP		54 CITY & ZIP	
OFFICE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY & ZIP		64 CITY & ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(2)(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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 147, Florida Statutes, and that my name appears in Block 12 of Block 12 hereon, or on an attachment with an address.

SIGNATURE: *Patricia M. Italiano*
PATRICIA M. ITALIANO
4/26/95 (813) 248-4008