

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 30 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # V25238 (9)**  
1. Corporation Name  
**TRIKNOT INVESTMENT GROUP, INC.**



Principal Place of Business <b>16 CANTON ROAD LAKE WORTH FL 33467</b>	Mailing Address <b>P.O. BOX 50276 EUGENE, OR LAKE WORTH FL 97405-0975 US</b>
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3. Date Incorporated or Qualified <b>03/30/1992</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>65-0327609</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>1803 AUSTRALIAN AVE, S.</b>	2a. Mailing Address <b>P.O. Box 50276</b>
22. Suite, Apt. #, etc. <b>SUITE D</b>	27. Suite, Apt. #, etc.
23. City & State <b>WEST PALM BEACH FLA 33409</b>	28. City & State <b>EUGENE, OR 97405-0975</b>
24. Country <b>US</b>	30. Country <b>US</b>

9. Name and Address of Current Registered Agent <b>NARKIER, STANLEY J.P.A. 1803 AUSTRALIAN AVE. SOUTH SUITE D WEST PALM BEACH FL 33409</b>	10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City <b>FL</b> B5 Zip Code
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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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D BARLOUS, TROY</b>	1.2 NAME	
STREET ADDRESS	<b>3138 W. LAS LOMITAS</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TUCSON AZ</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PSD BARLOUS, JAY</b>	2.2 NAME	
STREET ADDRESS	<b>16 CANTON RD</b>	2.3 STREET ADDRESS	<b>106 CABOT STREET</b>
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	2.4 CITY-ST-ZIP	<b>INVERNESS, FL. 34452-5804</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TD BARLOUS, SHIRLEY</b>	3.2 NAME	
STREET ADDRESS	<b>6522 6TH AVE W</b>	3.3 STREET ADDRESS	<b>106 CABOT STREET</b>
CITY-ST-ZIP	<b>SEBRING FL</b>	3.4 CITY-ST-ZIP	<b>INVERNESS, FL. 34452-5804</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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 do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Jay Barλους* **JAY BARLOUS** DATE: **4.21.97** (591)339.0981

CR2E034 (9/96)