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May 05 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F94000006160 (5)

1. Corporation Name  
TREVOR SORBIE OF AMERICA, INC.



Principal Place of Business: 1801 SW 5TH CT, POMPANO BCH FL 33069  
Mailing Address: 1850 W MCNAB RD, FT LAUDERDALE FL 33309-1012

3. Date Incorporated or Qualified: 12/02/1994  
3a. Date of Last Report: 10/07/1996

2. Principal Place of Business (21-24) and Mailing Address (2a-24) details including Suite, Apt. #, etc., City & State, Zip, and Country.  
4. FEI Number: 25-1735307  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: C T CORPORATION SYSTEM, 1200 SOUTH PINE ISLAND ROAD, PLANTATION FL 33324  
10. Name and Address of New Registered Agent (81-85) details including Name, Street Address, City, and Zip Code (FL).

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: Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	1.1 TITLE	Pres.
NAME	HALL, CHARLES V	1.2 NAME	Charles Hall
STREET ADDRESS	2747 COLE ROAD	1.3 STREET ADDRESS	1850 W. MCNAB RD
CITY-ST-ZIP	WEXFORD PA 15090	1.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33309
TITLE	D	2.1 TITLE	
NAME	FEROLA, FRANK F	2.2 NAME	
STREET ADDRESS	1850 W MCNAB RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	2.4 CITY-ST-ZIP	
TITLE	DV	3.1 TITLE	
NAME	FEROLA, PETER	3.2 NAME	
STREET ADDRESS	1850 W MCNAB RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	3.4 CITY-ST-ZIP	
TITLE	TV	4.1 TITLE	
NAME	FEROLA, FRANC	4.2 NAME	
STREET ADDRESS	1850 W MCNAB RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	
NAME	SPIEGEL, DAVID A	5.2 NAME	
STREET ADDRESS	1850 W MCNAB RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 employed 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 the address.

SIGNATURE: Peter Ferola - 4/22/97 471-1212

CR2E034 (9/96)