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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # F98000002851

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90129 023 ***150.00

	Principal Place of Business 2a. Mailing Address 26 27 28 28 29 30 29 29 30 29 29 30 30 30 30 30 30 30 3					
TRIEXE M	IANAGEMENT GROUP INC	•				
						l
					-	1
Principal Place of Business						
3038 PINEHURST DRIVE						
LAKE WORTH FL	_ 33467-1414	LAKE WORTH PL 33407-1414			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed	
				_	05/20/1998	\dashv
2 Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number Applied For	<u> </u>
¬ '					65-0816848 Not Applicabl	
Suite Apt. #. etc.					5Certificate of Status Desired Fee Required	-
22		27			AC 00 B	_
		City & State			0, 2,000,000	Ì
23					Trust Fulla Contribution	\dashv
	Country		Country	4	8. This corporation owes the current year Intangible Personal Property Tax.	ł
24	[23]				10. Name and Address of New Registered Agent	
	9. Name and Address of Current	nt Registered Agent	81	Name	10. Name and Addition of the state of the st	
	ACON ICCEPILE ID					\dashv
			82	Street Add	dress (P.O. Box Number is Not Acceptable)	
			93			$\overline{}$
LAKE	WURIH FL 33407-1414			1		\dashv
			84	4 City	FL 85 Zip Code	
		2	45 - 25 -	named sor		<u>- </u>
11. Pursuant	to the provisions of Sections 607.05	02/and 607.1508, Florida Statutes, of Florida. Such change was autho	orized by	y the corporat	ation's board of directors. I hereby accept the appointment as registered	
agent, I a	m familiar with, and accept the oblig	ations of, Section 60, 0505, Florida	Statute	s. 0 (1/25/99	ļ
1	Shup N /V	1. VOS	4~ <i>[][</i>		ired when reinstating) DATE	
	Signature typed or printed name of registered ag			One signature requi	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	:
12.			1.1 TITLE		☐ Change ☐ Addi	ition }
i i		U -	1.2 NAME	<u> </u>		
NAME			1.3 STRE	ET ADDRESS		
STREET ADDRESS						
CITY-ST-ZIP		☐ DELETE			Change Add	ition
		:	2.2 NAME	E .		
	A CONTRACT OF LOUNS		2.3 STRE	ET ADDRESS		- 1
-l			2. 4 CITY	-ST-ZIP		1141
		☐ DELETE	3.1 TITLE		☐ Change ☐ Add	neon [
	1		3.2 NAM	E		
1			3.3 STRE	EET ADDRESS	•	
		4	3.4. CITY	Y-ST-ZIP	☐ Change ☐ Ado	dition
		☐ DELETE	4.1 TITLE	E	Change Add	µIIIOIS
1			4. 2 NAM	AE .		
			4.3 STREET ADDRESS		· .	
1	FONTHILL ONTARIO CANADA	A			. Change Ad	dition
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1	s		5.3 STR	EET ADDRESS		
1					☐ Change ☐ Ad	dition
		☐ DELETE		1		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NAME			6.2 NAM	ME.		
	c		6.3 STR	REET ADDRESS		
STREET ADDRES	~		64 CIT	Y-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 of 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 of 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 pure a attachment with an address, with all other like empowered.

SIGNATURE: