

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 663157
1. Corporation Name TRJ Enterprises Inc

Principal Place of Business 1843 Harbor Blvd Kissimmee, FL 34744
Mailing Address Same

2. Principal Place of Business 21 1843 Harbor Blvd
22 Suite, Apt. #, etc.
23 City & State Kissimmee FL
24 Zip 34744 25 Country Osceola

2a. Mailing Address 26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

3. Date Incorporated or Qualified 3a. Date of Last Report
4. FEI Number 592345311 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name Thomas E. White
82 Street Address (P.O. Box Number is Not Acceptable) 1843 Harbor Blvd
83
84 City Kissimmee FL 85 34744

11. Pursuant to the provisions of Sections 607.002 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 605.05, Florida Statutes.

SIGNATURE [Signature]

Signature: typed or printed name of registered agent and type if applicable (NOTE: Registered Agent Signature required when first starting DAI)

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS
1. TITLE [] DELETE
NAME Robert W. White
STREET ADDRESS 1333 Aventura Way
CITY - ST - ZIP []
2. TITLE [] DELETE
NAME Thomas E. White
STREET ADDRESS 1843 Harbor Blvd Kissimmee FL
CITY - ST - ZIP []
3. TITLE [] DELETE
NAME Perile White
STREET ADDRESS Spencer Shores
CITY - ST - ZIP Gaines City FL 32601
4. TITLE [] DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
5. TITLE [] DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
6. TITLE [] DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE [] Change [] Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE [] Change [] Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE [] Change [] Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE [] Change [] Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE [] Change [] Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE [] Change [] Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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-07/12/96--01067--029
***225.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 addendum.

SIGNATURE: [Signature] Thomas E. White 6-28-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
402 847 3900

CR2E034 (3/96)