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PROFIT CORPORATION ANNUAL REPORT



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

1	9	9	6		

DOCUMENT #

1. Corporation Name

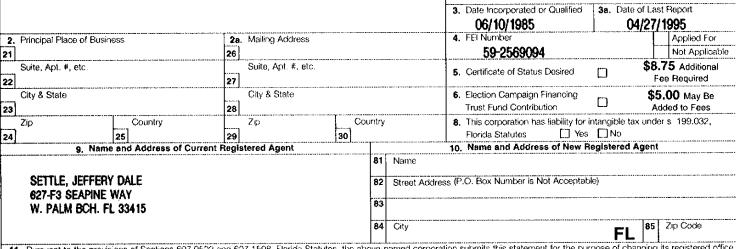
H61043

(6)

THE RESERVE AND ADDRESS OF THE PARTY OF THE	
TRILLING DESIGN INC	•

Principal Place of Business 2801 ROYAL RIDGE LANE CHARLOTTE NC 28212 Mailing Address

2801 ROYAL RIDGE LANE CHARLOTTE NC 28212



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	•		
		IE. Rogistered Agent signature requi-	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSD □ DELETE	1. 1 TITLE	Change Addition
NAME	SETTLE, JAMES DEXTER	1.2 NAME	
STREET ADDRESS	2801 ROYAL RIDGE LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	1.4 CITY - ST - ZIP	
TITLE	☐ DELETE	2. 1 TITLE	Change Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2 4 CITY-S1-ZIP	
TITLE	DELETE	3 1 THLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3. STREFT ADDRESS	
CITY-ST-ZIP		3.4 CITY - \$3 - ZIP	
TITLE	☐ DELETE	4, 1 TITLE	Change Addition
NAME		4.2 NAM€	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY - ST - ZIP	
TITLE	CI DELETE	5. 1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
DITY-ST-ZIF		54 CITY+ST-ZIP	
FILE	C OEFELE	6 1 TIYLE	Change Addition
NAME		62 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
01711 07 710		CACITY CT. 700	

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 arri 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 on an attachment with an address.

SIGNATURE:

Maybate

VX1-563-13

CR2E034 (12/95)