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

PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT # TRUST HOUSE, INC.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED										
Feb	19	1998	8:00am							
Se	ecre	tary o	of State							



Principal Place	e of Business		N	Mailing Address					-		
2425 E COM				2425 E COMMERCIAL B	LVD						
SIE 302				STE 302					DO NOT INDITE IN THE ODAGE		
FT. LAUDERD	ALE FL 33306	3	ļ	FT. LAUDERDALE FL 33	306				DO NOT WRITE IN THIS SPACE		
									3. Date Incorporated or Qualified 05/27/1986		
2. Principal P	lace of Busin	ess	26	. Mailing Address					4. FEI Number . Applied For		
21			26	 					65-0001341 Not Applicat		
Suite, Apt. #, etc.			_	Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional		
2 STE 30/		27	27 STE 301					Fee Required			
City & State	e		П	City & State					6. Election Campaign Financing \$5.00 May Be		
23			28						Trust Fund Contribution		
Zip	,	Country	\vdash	Zip Country			<i>t</i>		8. This corporation owes or has paid the current year Intangible		
24 25		29				Personal Property Tax due June 30 Yes No					
		and Address of Curre	nt Regio	stered Agent		81	Name		10. Name and Address of New Registered Agent		
	ST, RAY B					""	INAME				
	25 E COMM E 302	iercial blvd				82	Street A	et Address (P.O. Box Number is Not Acceptable)			
FT. LAUDERDALE FL 33308				83	57	E	30/				
						84	City		FL 85 Zip Code		
11. Pursuant	to the provisi	ons of Sections 607.05	02 and 6	607.1508. Florida Statu	tes, the a	bov	e-named o	orpoi	oration submits this statement for the purpose of changing its registers		
office or r	enistered an	ent, or both, in the State th, and accept the oblig	of Flori	ida. Such change was	authorize	d h	v the corni	oratio	on's board of directors. I hereby accept the appointment as registered		
SIGNATURE											
	Signature typed	or printed name of registered as OFFICERS AN			TE: Registere	d Age	ent signature r	equired	ad when reinsteting) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.	PST	OFFICERS AF	ID DIRE	DELETE	1,1 (TIF	1		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
· .	WEST, F	RAY R			1.2 N						
MAGE E COMMEDIAL DIVIDA		¥302				ADDRESS	s #301				
CT LAUDEDDALE EL			1.3 S I N				•	•			
CITY-ST-ZIP TITLE	V	DETIDITEE TE		DELETE	2.1 Ti		51-21		Change Addit		
NAME	GERHAE	RDT, ROBERT E.			2.2 N				_ , _		
STREET ADDRESS 2425 E COMMERCIAL BLVD &T		STE 3	(D)	2.3 STREET ADDRESS		57	TE 30/				
ET LAUDEDDALE EL 00000				ST-ZIP		150 ¥ €					
TITLE	V			DELETE	3.1 7		51-211		☐ Change ☐ Addit		
NAME	TAYLOR	. MITZY			3.2 N						
ALOS E COLUMEDOM DIVIDATE AND		338	3.3 STREET ADDRESS 5		57	TE 301					
CITY-ST-ZIP		DERDALE FL 33308	ستنت				ST- ZIP				
TITLE				DELETE	4.1 Ti				Change Addit		
NAME					4.21	AME					
STREET ADDRESS					4.3 S	TREET	ADDRESS				
City-ST-ZIP							ST-ZIP				
TITLE				DELETE	5.1 1				☐ Change ☐ Addit		
NAME					5.2 N	AME					
STREET ADDRESS					5.3 S	TREET	ADDRESS		•		
CITY-ST-ZIP					5.4 C	ITY-S	ST-ZIP				
TITLE				DELETE	6.1 Ti	TLE			☐ Change ☐ Addit		
NAME					6.2 N	AME					
STREET ADDRESS					6.3 S	TREET	T ADDRESS				
CITY-ST-ZIP	l						ST-ZIP				
14. I hereby o	ertify that the	e information supplied	vith this	filing does not qualify	or the ex	emp	otion stated	d in S	Section 119.07(3)(i), Florida Statutes. I further certify that the information shall have the same legal effect as if made under path, that I am appears		

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 at officer or director of the corporation or the regiver 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 attrichment with an address.