


**FILED**  
**Apr 08, 1999 8:00 am**  
**Secretary of State**

04-08-1999 90096 022 \*\*\*158.75

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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DOCUMENT # J17444

1. Corporation Name  
**TRUST HOUSE, INC.**

## Principal Place of Business

2425 E COMMERCIAL BLVD  
 STE 301  
 FT. LAUDERDALE FL 33308  
 US

## Mailing Address

2425 E COMMERCIAL BLVD  
 STE 301  
 FT. LAUDERDALE FL 33308  
 US

DO NOT WRITE IN THIS SPACE

## 3. Date Incorporated or Qualified

05/27/1986

## 4. FEI Number

65-0001341

## 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

8. This corporation owes the current year intangible  
Personal Property Tax.

☐ Yes ☐ No

## 2. Principal Place of Business

21 Suite, Apt. #, etc.

## 23 City &amp; State

## 24 Zip

## 25 Country

## 2a. Mailing Address

26 Suite, Apt. #, etc.

## 27 City &amp; State

## 28 Zip

## 30 Country

## 9. Name and Address of Current Registered Agent

WEST, RAY B.  
 2425 E COMMERCIAL BLVD  
 STE 301  
 FT. LAUDERDALE FL 33308

## 10. Name and Address of New Registered Agent

## 81 Name

## 82 Street Address (P.O. Box Number is Not Acceptable)

## 83

## 84 City

FL

## 85 Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

## 12. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETE
NAME	WEST, RAY B.	
STREET ADDRESS	2425 E COMMERCIAL BLVD #301	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GERHARDT, ROBERT E.	
STREET ADDRESS	2425 E COMMERCIAL BLVD STE 301	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	V	<input type="checkbox"/> DELETE
NAME	TAYLOR, MITZY	
STREET ADDRESS	2425 E COMMERCIAL BLVD STE 301	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	Robert E. WEST	<input type="checkbox"/> DELETE
NAME	2425 E. Commercial Blvd, STE 301	
STREET ADDRESS	Ft. Lauderdale, FL. 33308	
CITY-ST-ZIP		
TITLE	James D. Dean	<input type="checkbox"/> DELETE
NAME	2425 E. Commercial Blvd, STE 301	
STREET ADDRESS	Ft. Lauderdale, FL. 33308	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)