

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

FILED
Apr 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K71605** (5)
1. Corporation Name
TROJAN PARK INVESTMENTS, INC.

Principal Place of Business	Mailing Address
5385 PALM AVE., #1 P.O. BOX 2546 HIALEAH FL 33012-7546	5385 PALM AVE., #1 P.O. BOX 2546 HIALEAH FL 33012-7546



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/06/1989	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0116181	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
KURZWEIL, SUETELLE 8641 SW 84TH TERRACE MIAMI FL 33143		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KURZWEIL, SUETELLE	1.2 NAME	
STREET ADDRESS	8641 SW 84TH TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICH, KING	2.2 NAME	
STREET ADDRESS	900 BAY DR #204	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KURZWEIL, MARTIN	3.2 NAME	
STREET ADDRESS	1800 NE 114TH ST #2110	3.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	ASD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KURZWEIL, SUETELLE	4.2 NAME	
STREET ADDRESS	8641 SW 84TH TERR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KURZWEIL, SHIRLEY	5.2 NAME	
STREET ADDRESS	1800 NE 114TH ST #2210	5.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Vice-President
STREET ADDRESS		6.3 STREET ADDRESS	Kurzweil, Alan
CITY-ST-ZIP		6.4 CITY-ST-ZIP	8641 SW 84 Terrace
			Miami, FL 33143

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.

SIGNATURE

CR2E034 (10/97)