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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # K99889

(3)

TRENDYTIONS, INC. Principal Place of Business 7441 114TH AVE NORTH 604 LARGO FL 34643 Corporation Name Mailing Address Mailing Addres Address Mailing Addres Address LARGO FL 34643			тн					
 S 		US			3. Date Incorporated or Qualified 07/05/1989	3a. Date of Last Report 04/26/1995		
Principal Place of Business	2a 26	i. Mailing Address			4. FEI Number 59-2967542			Applied For
Suite, Apt. #, etc.	27	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Not Applicable Additional
City & State	28	City & State			Election Campaign Financing Trust Fund Contribution		\$5.0	Required May Be
<i>Ζ</i> ιρ 25	Country	Zip	Countr	у	8. This corporation has liability for			199.032,
	Address of Current Regi	stered Agent	1301		10. Name and Address of New I		Agent	
			8	1 Name				
PRATESI, EMIL G. RICHARDS,GILKEY,FITE,SLAUGHTOR,PRATUS		&WARD		2 Street Add	ress (P.O. Box Number is Not Acceptal	ble)		
1253 PARK ST			8:	3				
CLEARWATER FL 3461	16		8-	4 City		FL	85 Z	p Code
 Pursuant to the provisions of or registered agent, or both 	of Sections 607.0502 and 60 , in the State of Florida. Suc	07.1508, Florida Statut h change was authoriz	es, the above	named corpo	pration submits this statement for the pu	rpose of cha	anging its i	registered offic
ANATURE .			s.	poranor y boc	and of directors. I hereby accept the app			agont run
GNATURE Signature, typed or print	cd name of registered agent and title (applicable (NC	OTE: Registered Ag		ed when rainstating)	DATE		
GNATURE .		applicable (NC		ent signature require	ed when reinslating! ADDITIONS/CHANGES TO OFF	DATE FICERS AND	DIRECTO	DRS IN 12
GNATURE Standard, typical or print F D	od name of registered agent and title if OFFICERS AND DIRE	applicable (NC	DTE: Registered Ag	ent signature require	ed when reinslating: ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIRECTO	PRS IN 12
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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 managed, or on an attackment with an address.

BIGNING OFFICER OR DIRECTOR

SIGNATURE:

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1/31/96

813-546-9854

Daytime Phone