SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # M54534 (6)

1. Corporation Name
TRILOGY, INC.

Principal Place of Business	Mailing Address
%V. DONALD HILLEY 11380 PROSPERITY FARMS ROAD STE 204 PALM BEACH GARDENS FL 33410	%V. DONALD HILLEY 11380 PROSPERITY FARMS ROAD STE 204 PALM BEACH GARDENS FL 33410

3. Date Incorporated or Qualified: 06/25/1987
3a. Date of Last Report: 01/31/1995

2. Principal Place of Business	2a. Mailing Address
21 5111 Ocean Blvd.	26 5111 Ocean Blvd.
Suite, Apt #, etc 22 Suite C	Suite, Apt #, etc. 27 Suite C
City & State 23 Sarasota, FL	City & State 28 Sarasota, FL
Zip / Country 24 34242 / 25 U.S.A.	Zip / Country 29 34242 / 30 U.S.A.

4. FEI Number: 59-2856773 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HILLEY, V. DONALD
11380 PROSPERITY FARMS ROAD
SUITE 204
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name: ~~Robb R. Maass~~ Dennis J. McGillicuddy
82 Street Address (P.O. Box Number is Not Acceptable): ~~3321 Royal Poinciana Plaza~~ 5111 Ocean Blvd.
83 Suite C 34242
84 City: ~~Palm Beach~~ Sarasota FL 85 Zip Code: ~~33480~~

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: ~~Robb R. Maass~~ Dennis J. McGillicuddy 7/17/96
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mailing) Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FISHER, CHARLES T. III 100 RENAISSANCE CTR STE 2412 DETROIT MI	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PD MCGILLICUDDY, DENNIS J. 5111 OCEAN BLVD., SUITE C SARASOTA, FL 34242	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	ST MCGILLICUDDY, GRACIELA S. 5111 OCEAN BLVD., SUITE C SARASOTA, FL 34242	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (3/96)

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 am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dennis J. McGillicuddy 7/15/96 843-349-2770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #