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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1998

M54534

(6)

TRILOGY, INC.

Principal Place of Business

ţ

Mailing Address

C/O WILLIAM H. LEFKOWITZ. ESO.

C/O WILLIAM H. LEFKOWITZ. ESO. 2170 S.E. 17TH STREET. SUITE 207 FT. LAUDERDALE FL 33316

FILED May 18 1998 8:00am Secretary of State



2170 S.E. 17TH STREET. SUITE 207 DO NOT WRITE IN THIS SPACE FT. LAUDERDALE FL 33316 3. Date Incorporated or Qualified 06/25/1987 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2856773 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No 25 Personal Property Tax due June 30 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent kefkowitz, william H esq C/O WILLIAM H. LEFKOWITZ, ESQ. Street Address (P.O. Box Number is Not Acceptable) 2170 S.E. 17TH STREET, SUITE 207 FT. LAUDERDALE FL 33316 83 84 City 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 protect name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PD TITLE DELETE Change Addition 1.1 TITLE MACMILLAN, PATRICIA NAME 1.2 NAME 1125 HILLSBORO MILE-HIGHWAY A-1-A STREET ADDRESS 13 STHEET ADDRESS HILLSBORO BEACH FL 33062 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE LEFKOWITZ, WILLIAM H NAME 2.2 NAME 2170 S.E. 17TH STREET-SUITE 207 STREET ADDRESS 2.3 STREET ADDRESS FT. LAUDERDALE FL 33316 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 11TLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DFLETE Change Addition TITLE 4.1 TITLE 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP ☐ Change TITLE DELETE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

954-527-2711