

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90140 016 ***150.00

DOCUMENT # M54534

1. Corporation Name
TRILOGY, INC.

Principal Place of Business
C/O WILLIAM H. LEFKOWITZ, ESQ.
2170 S.E. 17TH STREET, SUITE 207
FT. LAUDERDALE FL 33316
US

Mailing Address
C/O WILLIAM H. LEFKOWITZ, ESQ.
2170 S.E. 17TH STREET, SUITE 207
FT. LAUDERDALE FL 33316
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/25/1987

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

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 PD ☒ DELETE

NAME MACMILLAN, PATRICIA
STREET ADDRESS 1125 HILLSBORO MILE-HIGHWAY A-1-A
CITY-ST-ZIP HILLSBORO BEACH FL 33062

TITLE DVPS ☒ DELETE

NAME LEFKOWITZ, WILLIAM H
STREET ADDRESS 2170 S.E. 17TH STREET-SUITE 207
CITY-ST-ZIP FT. LAUDERDALE FL 33316

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSID ☒ Change ☐ Addition

1.2 NAME Bruce E. McDonald-
1.3 STREET ADDRESS 23800 W. Eight Mile Road
1.4 CITY-ST-ZIP Southfield, MI 48034

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Bruce E. McDonald
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/99

Date

248/356-0366

Daytime Phone #

A Statement of Change of Registered Office and Registered Agent for Trilogy, Inc. was filed on 1/19/99 w/ FL Dept State