


FILED
Sep 01, 1999 8:00 am
Secretary of State

09-01-1999 90016 001 *1,711.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000004145 ✓

1. Corporation Name
TRINITY IN MOTION, INC.

Principal Place of Business 2180 KINGS ROAD JACKSONVILLE FL 32209	Mailing Address 2180 KINGS ROAD JACKSONVILLE FL 32209
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* 6 1 5 6 8 2 *
 615602 - 90014 - 3



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/13/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3561302 Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CANDACE, QUEEN 2180 KINGS ROAD JACKSONVILLE FL 32209		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	President-Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANDACE, QUEEN	1.2 NAME	Queen Candace
STREET ADDRESS	2180 KINGS ROAD	1.3 STREET ADDRESS	2180 Kings Rd
CITY-ST-ZIP	JACKSONVILLE FL 32209	1.4 CITY-ST-ZIP	JACKSONVILLE FL 32209
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	Vice-President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, ALBERTHA	2.2 NAME	Albertina Brooks
STREET ADDRESS	5614 GREGG STREET	2.3 STREET ADDRESS	4412 Summer Haven Blvd. S.
CITY-ST-ZIP	AMERICAN BEACH FL 32034	2.4 CITY-ST-ZIP	JACKSONVILLE FL 32208
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, ALISON	3.2 NAME	Allison Clark
STREET ADDRESS	201 HOWARD AVENUE	3.3 STREET ADDRESS	201 Howard Ave
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	3.4 CITY-ST-ZIP	New Smyrna Beach FL 32108
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, 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: *Candace Queen* **REQUIRED** 8-29-99 904-356-7141
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (5/99)