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Mar 02, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000007060

1. Corporation Name

TROJAN HOUSE, INC.

Principal Place of Business

1701 LAKE WORTH RD.
LAKE WORTH FL 33460

Mailing Address

1701 LAKE WORTH RD.
LAKE WORTH FL 33460



2. Principal Place of Business 21 101 N. "J" STREET Suite, Apt. #, etc. 22 #2 City & State 23 LAKE WORTH FL Zip Country 24 33460 25 USA		2a. Mailing Address 26 101 N. "J" STREET Suite, Apt. #, etc. 27 #2 City & State 28 LAKE WORTH FL Zip Country 29 33460 30 USA		3. Date Incorporated or Qualified 12/11/1998 4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

CROCILLA, GERALD
1701 LAKE WORTH RD.
LAKE WORTH FL 33460

10. Name and Address of New Registered Agent

81 Name **RODERICK C. MOE CPA**
82 Street Address (P.O. Box Number is Not Acceptable) **101 NORTH "J" STREET**
83 **LAKE WORTH FL**
84 City **FL** **85** Zip Code **33460**

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, am familiar with, and accept the obligation of, Section 617.0503, Florida Statutes.

SIGNATURE

Roderick C. Moe

Roderick C. MOE

1/20/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CANTLEY, DAVID D	1.2 NAME	MOE, RODERICK C
STREET ADDRESS	1701 LAKE WORTH RD.	1.3 STREET ADDRESS	101 N. "J" STREET
CITY-ST-ZIP	LAKE WORTH FL 33460	1.4 CITY-ST-ZIP	LAKE WORTH FL 33460
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROCILLA, GERALD	2.2 NAME	
STREET ADDRESS	1701 LAKE WORTH RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33460	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EGLY, JOSEPH	3.2 NAME	
STREET ADDRESS	814 W. LANTANA RD., STE. 1	3.3 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL 33462	3.4 CITY-ST-ZIP	
TITLE	ED <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, DWIGHT L	4.2 NAME	
STREET ADDRESS	4700 2ND. AVE., STE. 200	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33431	4.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAITAN, MARIA	5.2 NAME	
STREET ADDRESS	303 BANYAN BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 34401	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMBLIN, MARK	6.2 NAME	
STREET ADDRESS	P.O. BOX 6877	6.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	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

Roderick C. Moe

1/20/99

(561) 586-3413

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)