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Apr 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P16829 (4)
1. Corporation Name
TRILECTRON INDUSTRIES, INC.



Principal Place of Business
12297 U.S. 41 NORTH
PALMETTO FL 34220-2109
US

Mailing Address
PO BOX 2109
PALMETTO FL 34220-2109
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/16/1987	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 22-1911151	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MENDELSON, VICTOR H
3000 TAFT STREET
HOLLYWOOD FL 33021

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	DC
NAME	BORAX, SIGMUND	1.2 NAME	BORAX, SIGMUND
STREET ADDRESS	4212 MARINA CT.	1.3 STREET ADDRESS	4212 MARINA CT
CITY-ST-ZIP	CORTEZ FL	1.4 CITY-ST-ZIP	CORTEZ, FL
TITLE	DV	2.1 TITLE	
NAME	MENDELSON, VICTOR H	2.2 NAME	
STREET ADDRESS	3000 TAFT STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	
TITLE	DT	3.1 TITLE	DT
NAME	THOMAS, IRWIN S	3.2 NAME	IRWIN, THOMAS S.
STREET ADDRESS	3000 TAFT STREET	3.3 STREET ADDRESS	3000 TAFT STREET
CITY-ST-ZIP	HOLLYWOOD FL	3.4 CITY-ST-ZIP	HOLLYWOOD FL 33021
TITLE	S	4.1 TITLE	1000024894301
NAME	VETTER, JUDITH	4.2 NAME	-04/15/98--01042--023
STREET ADDRESS	3000 TAFT STREET	4.3 STREET ADDRESS	***2250.00
CITY-ST-ZIP	HOLLYWOOD FL	4.4 CITY-ST-ZIP	
TITLE	C	5.1 TITLE	DC
NAME	MENDELSON, LAURANS A	5.2 NAME	MENDELSON, LAURANS A
STREET ADDRESS	3000 TAFT STREET	5.3 STREET ADDRESS	3000 TAFT STREET
CITY-ST-ZIP	HOLLYWOOD FL	5.4 CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE		6.1 TITLE	D
NAME		6.2 NAME	MENDELSON, ERIC A.
STREET ADDRESS		6.3 STREET ADDRESS	3000 TAFT STREET
CITY-ST-ZIP		6.4 CITY-ST-ZIP	HOLLYWOOD FL 33021

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.

SIGNATURE: _____

CR2E034 (10/97)

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Trilectron Industries, Inc.
Document # P16829 (4)
FEI # 22-1911151

1998 Profit Corporation Annual Report

Box 12.

Box 13.

<input type="checkbox"/> Delete	D Reum, James L. 3000 Taft Street Hollywood, FL 33021	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input type="checkbox"/> Delete	D/P Joy, Caldwell P. 3000 Taft Street Hollywood, FL 33021	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input type="checkbox"/> Delete	V Musial, Kurt M. 12297 U.S. 41 North Palmetto, FL 34220	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input type="checkbox"/> Delete	V Mylott, Robert E. 12297 U.S. 41 North Palmetto, FL 34220	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition