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PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P24853

(4)

FILED Feb 03 1998 8:00am Secretary of State

TROUT	CREEK PROPERTIES, INC				
Principal Plac	e of Business	Mailing Address			B 1214 B.J.B.1 B.B.1
%THE CORPORATION TRUST COMPANY %THE CORPORATION TRU 1209 ORANGE STREET 1209 ORANGE STREET WILMINGTON DE 19801 WILMINGTON DE 19801					TE IN THIS SPACE
ļ				3. Date incorporated or Qualified	đ
2 Principal F	Place of Business	2a. Mailing Address		06/20/1989 4. FEI Number	Amelian Ser
21	riacle of Dustriess	26			Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	94-3067467	
22	•	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zìp	Country	Zip	Country	8. This corporation owes or has p	
24	25	29	30	Personal Property Tax due Jur	
	9. Name and Address of Curren	nt Hegistered Agent	81 Name	10. Name and Address of New F	registered Agent
	CORPORATION SYSTEM		Name		
•	00 S. PINE ISLAND ROAD		82 Street Ac	ddress (P.O. Bax Number is Not Accept	able)
(PL	Antation FL 33324		83		
<u> </u>			89		
			84 City		85 Zip Code
			_		FL 63 20 000e
44 5		O I COT AFOR FIRE IN COLUM	t Alexander and a		
11. Pursuant office or r	to the provisions of Sections 607.050 registered agent, or both, in the State	2 and 607.1508, Florida State of Florida. Such change was	ites, the above-named co authorized by the corpor	orporation submits this statement for the ration's board of directors. I hereby acc	ept the appointment as registered
11. Pursuant office or r agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obliga	2 and 607.1508, Florida Statu of Florida. Such change was ations of, Section 607.0505, F	ites, the above-named co authorized by the corpo- lorida Statutes.	orporation submits this statement for the ration's board of directors. I hereby acc	epurpose of changing its registered ept the appointment as registered
11. Pursuant office or r agent. I a SIGNATURE					
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NC	TE. Registered Agent signature rea	quired when reinstating)	DATE
SIGNATURE	Signature, typed or printed name of registered age OFFICERS ANI	ent and title if applicable. (NC			DATE
SIGNATURE 12. THILE	Signature, typed or printed name of registered age OFFICERS AND	ent and title if applicable. (NC	TE. Registered Agent signature res	quired when reinstating)	DATE FICERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AND PD BURNS, BRIAN P.	ent and title if applicable. (NC	13. 1.1 TITLE 1.2 NAME	quired when reinstating)	DATE FICERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AND PD BURNS, BRIAN P. 100 BUSH ST, SUITE 1250	ent and title if applicable. (NC	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	quired when reinstating)	DATE FICERS AND DIRECTORS IN 12
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4. 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 enforwared to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or B'ock 13 if changed, or on an attachment with an addless.

SIGNATURE:

JURI PASSIBLE Price

1/20/98

415-989-6580