

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

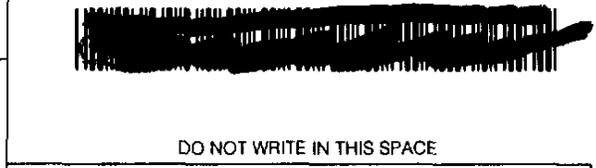
FILED
Mar 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000007717 (1) *N/C 2-9-98*

1. Corporation Name
TRIZEK VILLAGE PLAZA, INC.

Principal Place of Business 925 N. COURTENAY PARKWAY SUITE 28 MERRITT ISLAND FL 32953 US	Mailing Address P. O. BOX 320637 COCOA BEACH FL 32902-0637 US
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 P. O. BOX 320637 Suite, Apt. #, etc.
22 City & State	28 COCOA BEACH, FL. 32932-0637 City & State
23 Zip	29 Country
24 Country	30 Zip

3. Date Incorporated or Qualified
 11/30/1992

4. FEI Number
 59-3153066

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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

g. Name and Address of Current Registered Agent

BEALS, ROBERT L
 1800 W HIBISCUS
 SUITE 138
 MELBOURNE FL 32902

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	KODSI, MICHAEL I
STREET ADDRESS	262 E. MERRITT ISLAND CSWY., STE. 18
CITY-ST-ZIP	MERRITT ISLAND FL
TITLE	D <input type="checkbox"/> DELETE
NAME	KODSI, ROBERT
STREET ADDRESS	262 E. MERRITT IS CSWY STE 6
CITY-ST-ZIP	MERRITT ISLAND FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KODSI, ROBERT
2.3 STREET ADDRESS	925 N. COURTENAY PARKWAY, SUITE 28
2.4 CITY-ST-ZIP	MERRITT ISLAND, FL. 32953
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	KODSI, MAURICE
3.3 STREET ADDRESS	925 N. COURTENAY PARKWAY, SUITE 28
3.4 CITY-ST-ZIP	MERRITT ISLAND, FL. 32953
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	400002465924
6.3 STREET ADDRESS	-03/24/98--01020--007
6.4 CITY-ST-ZIP	***150.00

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)