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FILED
Mar 27 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 # P93000008223 (8)

1. Corporation Name

TREND MANUFACTURING CORP.



Principal Place of Business

Mailing Address

~~101 CRESTWOOD LANE
LARGO FL 34640~~

P.O. BOX 787
LARGO FL ~~34640~~ 33779

13071 91st Street N.
#704B Largo, FL 33773

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 13071 91st Street N.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #704B

27

City & State

City & State

23 Largo FL

28

Zip

Country

Zip

Country

24 33773

25

USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOUTS, RICHARD
203 HARBOR BLUFF DRIVE
LARGO FL ~~34640~~ 33770

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code
33770

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]

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

(NOTE: Registered Agent signature required when reinstating)

3-16-98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
P
HOUTS, RICHARD
STREET ADDRESS
203 HARBOR BLUFF DRIVE
CITY-ST-ZIP
LARGO FL ~~34640~~ 33770

TITLE ☐ DELETE

NAME
VP
HOUTS, JOHN
STREET ADDRESS
101 CRESTWOOD LANE
CITY-ST-ZIP
LARGO FL ~~34640~~ 33770

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

[Signature]

PRESIDENT

[Signature]

3-16-98 8135842108

CR2E034 (10/97)