Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90080 020 \*\*\*150.00

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # DOC

1. Corporation	TREND CONSULTING, INC.		2					
Principal Place of Business Mailing Address							, 18811 A1381 (1911) (	2012 (10) (3E)
958 SAN CARLOS CT NE 8401 9TH ST. N. ST PETERSBURG FL 33702 STE. B-740 US ST. PETERSBURG FL 33702						DO NOT WRITE IN THI	S SPACE	
e •		US		• • 2.	4	3. Date Incorporated or Qualifed 10/28/1993		٠.
Principal Place of Business     2a. Mailing Add			Address			4. FEI Number	<u> </u>	olied For
21		26				59-3208214		Applicable
Suite, Apt.	#, etc.	Suite, Ap	ot. #, etc.			5. Certifcate of Status Desired	<b>\$8.75</b> A Fee Rec	
22		27 City 9 C	tata			A FL III O market Fire when		
City & State	e	<u></u>	City & State			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees		
23   Zip	Country	28   Zip	<del></del>	Country		This corporation owes the current year life		
24	25	29	30	_ '		Personal Property Tax.		□No
	9. Name and Address of Currer			1-1		10. Name and Address of New Registered	d Ágent	
CARR, SUSAN STETLER 8401 9TH ST., N., SUITE B740 ST. PETERSBURG FL 33702				81 82 83		idress (P.O. Box Number is Not Acceptable)	log Lin C	Codo
	,			84	] "	F		1
CICMATITE	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oplications of the state of					orporation submits this statement for the purpose of ation's board of directors. I hereby accept the application and the purpose of the purpo	ointment as reg	pistered -
12.		ND DIRECTORS	(1012. 14	13.	in angriculturo roqu	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	DP		DELETE	1.1 TITLE			☐ Change	Addition
NAME	CARR, SUSAN STETLER			12 NAME				ļ
STREET ADDRESS	AND ATT OFFICE MODELL OLUTE DE LO			1,3 STREET ADDRESS				ļ
CITY-ST-ZIP	ST. PETERSBURG FL			1.4 CITY- S	T-ZIP			
TITLE			DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	<b>-</b>	• -		2.2 NAME	· -\		<del>-</del>	- ·- ·
STREET ADDRESS				2.3 STREE	TADORESS			
CITY-ST-ZIP				2. 4 CITY-	ST-ZIP			
TITLE			☐ DELETE	3.1 TITLE	ļ		Change	☐ Addition
NAME				3.2 NAME				
STREET ADDRESS		1		3.3 STREE	T ADDRESS			
CITY-ST-ZIP				3.4. CITY-1	ST-ZiP		☐ Change	Addition
™E		'	☐ DELETE	4,1 TITLE	1		□ cuange	
NAME				4. 2 NAME				
STREET ADORESS			į		TADDRESS			ļ
CITY-ST-ZIP			DELETE	4.4 CITY-9	T-ZIP		Change	Addition
TITLE		l	□ nere⊥e	5.1 TITLE 5.2 NAME				
NAME					T ADDRESS	•		}
STREET ADDRESS				5,4 CITY-S				
CITY-ST-ZIP			D DELETE	6.1 TITLE	<del>-</del>		Change	Addition
TITLE			☐ DELETE	O. J. HILLC				☐ Audition

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, if on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP