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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY+ST-ZIP

14. I hereby certify that the information supplies with this

indicated on this annual report or sup officer or director of the corporation in Block 12 or Block 13 if changed, or b



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400007023 (2)

TRION VENTURES VI. INC. Principal Place of Business Mailing Address 5310 NW 33RD AVE. 5310 NW 33RD AVENUE SHITE 219 SUITE 219 DO NOT WRITE IN THIS SPACE FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309 3. Date Incorporated or Qualified 01/28/1994 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0510682 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country Zιρ 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BARBER, KENNETH T 5310 NW 33RD AVE SUITE 219 Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33309 83 84 City 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 it applicable (NOTE: Registered Agent signature required when reinstating ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICEHS AND DIRECTORS 12. 13. PTSD DELETE Change **Addition** TITLE 1.1 TITLE BARBER, KENNETH T 1.2 NAME RICHARD BRANSCOMB NAME 5310 NW 33RD AVE, SUITE 219 1.3 STREET ADDRESS STREET ADDRESS 5310 NW 33RD AVENUE, SUITE 219 FORT LAUDERDALE FL FORT LAUDERDALE, FL 33309 1.4 CITY - ST - ZIP CITY-ST-ZIP Change DELETE K Addition 2.1 TITLE TITLE PHYLLIS M. BAKER 2.2 NAME NAME 5310 NW 33RD AVENUE, SUITE 219 2.3 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE, FL 33309 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-S1-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

of with this filting does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information child anytial report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an receiver for turstice employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in illustration address.

A VALA X

951-731-0664

FILED

May 12 1998 8:00am

Secretary of State