

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

FILED
May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000011585 (4)

1. Corporation Name
TROLLEY SYSTEMS OF AMERICA, INC.



Principal Place of Business 615 BEACH RD. #B-3 SIESTA KEY/ SARASOTA FL 34242	Mailing Address 615 BEACH RD. #B-3 SIESTA KEY/ SARASOTA FL 34242-1978
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5. Date Incorporated or Qualified 02/08/1994	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 141 AVENIDA JENECCIA	2a. Mailing Address 26 141 AVENIDA JENECCIA		
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.		
23 City & State SIESTA KEY SARASOTA FL	28 City & State SIESTA KEY SARASOTA FL		
24 Zip 34242	25 Country US	29 Zip 34242	30 Country US

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent VOIGHT, STEPHEN F 2414 BEE RIDGE ROAD SARASOTA FL 34239		81 Name
		82 Street Address (P.O. Box Number is Not Acceptable)
		83
		84 City
		85 Zip Code

10. Name and Address of New Registered Agent	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PV <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CREMEANS, GARY E.	1.2 NAME	
STREET ADDRESS	615 BEACH RD. #3-B	1.3 STREET ADDRESS	
CITY- ST- ZIP	SIESTA KEY SARASOTA FL	1.4 CITY- ST- ZIP	
TITLE	TS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CREMEANS, BRENDA A	2.2 NAME	
STREET ADDRESS	615 BEACH RD. #3-B	2.3 STREET ADDRESS	
CITY- ST- ZIP	SIESTA KEY SARASOTA FL	2.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do 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.	
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SIGNATURE: *[Signature]* **BRENDA A. CREMEANS** / 30/97 (941) 346-3115
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CRE034 (9/96)