SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE DN OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

> Secretary of State DIVISION OF CORPORATIONS

1996

Principal Place of Business

DOCUMENT #

P94000011920 (3)

Mailing Address

TRIM SYSTEMS CONSULTANTS INCORPORATED

1221 WEST COLONIAL DRIVE 1221 WEST COLONIAL DRIVE SHITE 201 SUITE 201 ORLÁNDO FL 32804 ORLANDO FL 32804 02/09/1994 10/03/1995 Applied for 4 FELNumber 2. Principal Place of Business 2a. Mailing Address 59-2296835 Not Applicable 21 26 \$8.75 Additional Suite, Apl. #. etc Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required \$5.00 May Be City & State City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s 199 032 Country Country Zip X Yes 🗌 No Florida Statutes 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 COLBERT-BARNES, RUTH JOYCE DR. Street Address (P.O. Box Number is Not Acceptable) 1221 WEST COLONIAL DRIVE SUITE 201 **200001941** -09/06/96--01055--83 ORLANDO FL 32804 *****383**.75_ |\$**\$\$\$989:75 84 City 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. 8/27/96 Ruth J. Colbert-Barnes ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE 1.1 TH E TITLE 1.2 NAME **COLBERT-BARNES, RUTH JOYCE** NAME 1221 WEST COLONIAL DR., #201 1 3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32804 1.4 CITY - ST-ZIP CITY-ST-ZIP Change Addition DELETE 21 TITLE TITLE 2.2 NAME NAME NONE 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP Change Addition DELETE 3.1 TITLE TITLE NAME 3 2 NAME NONE 3 3 STREET ADDRESS STREET ADDRESS City-St-ZiP 3 4. CITY - ST - ZIP Change DELETE 41 TIFLE TITLE NAME 4. 2 NAME 4 3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

Ruth J. Colbert-Barnes Date

DELETE

5.4 CiTY - ST - ZIP

6.3 STREET ADDRESS

6.4 CHY - ST- ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). 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 617, Florida Statutes, and that my name appears in Block 3 if changed, or on an attachment with an address

61 TITLE

6 2 NAME

407/648-5050

8/27/96

FILED

Secretary of State

Aug 29 1996 8:00 am

CR2E034