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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 🕶

Secretary of State DIVISION OF CORPORATIONS

1996

P94000020627 (3) DOCUMENT #

TRENDLINE COMMUNICATIONS CORPORATION

Mailing Address Principal Place of Business 2701 PONCE DE LEON BLVD. 2701 PONCE DE LEON BLVD. SUITE 350 SUITE 350 **CORAL GABLES FL 33134** 3. Date Incorporated or Qualified 3a. Date of Last Report **CORAL GABLES FL 33134** 07/07/1995 03/17/1994 Applied For 4 FELNumber 2a, Mailing Address APPLIED FOR 65-0662692 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Z_{Ψ} Zici Yes No Florida Statutes 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) ADKINS, JON S 82 2701 PONCE DE LEON BLVD. 83 SUITE 350 **CORAL GABLES FL 33134** 85 Zip Code 84 Crty 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 artire itspector protect name of registers Lagentia. (Little if accordible (NOTE: Registered Agent signature regimed when renstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change | Addition DELETE 1 1 IE: F TITLE 1.2 NAME ADKINS, JON S NAME 2701 PONCE DE LEON BLVD. #350 1.3 STREET ADDRESS STREET ADDRESS **CORAL GABLES FL 33134** 1.4 Cith - \$1-7if CITY-ST-ZIP ☐ Addition ☐ Change DELETE 2.1 T-D E TiTLE 2.2 NAME NAME 2.3 STREET ACORESS STREET ADOPESS 2 4 CITY - ST - ZIP CITY-SI-ZIP Change Addition DELETE: 3 1 THILE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4.0(17 - S* - Z)5 CITY - ST - ZIP Change Addit.on DELETE 4.1 Blue TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 OFF ST ZIE CITY-ST-ZIP **40000182439%** -05/16/96--01038--039 ■ Addition 5 1 TILE ; DELETE TITLE 5.2 NAME 5.3 STREET ADDRESS ***200.00 STREET ADDRESS 5.4 CIEY - ST - 716 CITY - ST - ZIP DELETE 6 1 Tille

CITY - ST - ZIP 14. I do hereby certify that the information supplied with this fining is voluntarily furnished and does not outably for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that the information indicated on this angual report or excolering that the information indicated on this angual report or excolering that I am an officer or director of the corresponding report or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name with an address appears in Block 12 or Block 13 if change

E 2 NAME

6.3 STREET ADDRESS

64 CITY ST ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JON S. ADKINS 3-1496

(12/95)**CR2E034**