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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000037291

1. Corporation Name

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90052 037 ***155.00

TRELLA	ENTERPRISES, INC.									
Principal Place	e of Business	Mailing Address				1 1994(89) (10)3(1) \$1011 \$5(1) \$4	************			
3126 PINE SHADOW DRIVE 3126 PINE SHADOW DRIVE							,	12.		
LAND O' LAKES FL 34639 LAND O' LAKES FL 34639						DO NOT WRIT	E IN THIS !	SPACE		
						Date Incorporated or Qualifed				
						05/13/1994				
2. Principal P	face of Business	2a. Mailing Address				4. FEI Number		I	pplied For	
21 26						59-3247289			lot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					_	5. Certificate of Status Desired		\$8.75	Additional	
22		27				5. Certificate of Status Desired		Fee F	Required	
City & State City & State						6. Election Campaign Financing) May Be	
23		28				Trust Fund Contribution		Added	to Fees	
Zip	Country	Zip	_	untry		8. This corporation owes the curre	nt year Inta			
24	[25]	29	30	T		Personal Property Tax.		Yes	□No	
	9. Name and Address of Currer	nt Registered Agent		81	Name	10. Name and Address of New R	egisterea <i>F</i>	gent		
HILL	., J. MCGILL			""	(AGIIII		_			
1629 N. DALE MABRY HIGHWAY				82 Street		lress (P.O. Box Number is Not Accepta	ble)			
#112				83	···					
	Z FL 33549			"						
,				84	City		FL	85 Zip	Code	
44 Discussions	to the avaidable of Sections 607.050	22 and 607 1508 Florida St	atutos the a	hove-	named com	poration submits this statement for the		hanging it	s registered	
office or r	existered agent or both in the State	of Florida, Such change wa	is authonzed	d by #	he corporati	ion's board of directors. I hereby accep	t the appoin	tment as r	egistered	
agent. I a	m familiar with, and accept the obliga	tions of Section 607.0505								
			Florida Stati	wes.					1	
SIGNATURE	. •				signature require	ed when reinstating)	DATE			
- ,	Signature, typed or printed name of registered age				signature require	ed when reinstating) ADDITIONS/CHANGES TO OFF		D DIRECT	ORS IN 12	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (N	OTE: Registered	d Agent :	signature require			DIRECT		
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AND TRELLA, GLENN	nt and title if applicable. (ND DIRECTORS	OTE: Registered	d Agent :	signature require					
SIGNATURE 12. TITLE	Signature, typed or printed name of registered age OFFICERS AND TRELLA, GLENN 3126 PINE SHADOW DRIVE	nt and title if applicable. (ND DIRECTORS	13. 1.1 TI	d Agent :	signature require					
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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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

1/28/99

Date

Daytime Phone #