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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P94000083221 (9)

TRHARE USA, INC.

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Principal Place of Business Mailing Address

FILED Apr 28 1998 8:00am Secretary of State



8550 N.E. 2ND LANE OCALA FL 34470		5550 N.E. 2ND LANE OCALA FL 34470		DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualified 11/15/1994			
2. Principal Place of Business 2s. Mailing Address				 	4. FEI Number	Δ1	oplied For	
		<u> </u>) <u> </u>	ot Applicable		
Suite, Apt. #, etc.		Suito Apt # oto	Suite, Apt. #, etc.			CO 75 Additional		
22		27		5. Certificate of Status Desired	Fee Required			
City & State		City & State	}		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country 25	Zip 29	Countr 30	У	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
				81 Name				
RINSCHLER, RICHARD R				<u> </u>				
5550 N.E. 2ND LANE			82	Street Add	dress (P.O. Box Number is Not Acceptable)			
00	ALA FL 34470		83		<u>, , , , , , , , , , , , , , , , , , , </u>			
			~	1				
			84	City	F	85 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 ag			gent signature req	urred when reinstating) DATE			
12,	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AI			
TITLE	D	L_ DELETE	1.1 TITLE	[☐ Change	☐ Addition	
NAME	Ri nschler, Richard R		12 NAME					
STREET ADDRESS	\$5 50 N.E. 2ND LANE		1.3 STREE	T ADDRESS				
CITY-ST-ZIP				ST-ZIP				
TITLE	☐ DELETE 2		21 TITLE			Change	Addition	
NAME			2 2 NAME					
STREET ADDRESS			2.3 STREE	T ADDRESS				
CITY-ST-ZIP			2. 4 CITY	- ST - ZIP			ĺ	
TITLE	DELETE				,	Change	☐ Addition	
NAME			3.2 NAME		•			
STREET ADDRESS			3.3 STREE	T ADDRESS				
CITY-ST-ZIP			3.4. CITY	-ST-7IP			1	
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CITY-ST-ZIP			4.4 CHY-	1			j	
TITLE			5.1 TITLE			Change	Addition	
NAME			5.2 NAME	i		*	1	
STREET ADDRESS			1	T ADDRESS			İ	
			5.4 City-				1	
CITY-ST-ZIP TITLE		☐ DELE TE	5.4 UTTLE			Change	Addition	
			6.2 NAME					
NAME				ļ				
STREET ADDRESS				T ADDRESS]	
CITY-ST-ZIP	assift that the information available up		6.4 CITY-		in Costino 110 07/3/6) Florida Statutos I further	t.f db - st . db -		

4. 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.