

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

FILED

Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000007008 (2)

1. Corporation Name
NU-TREND SERVICES INC.



Principal Place of Business 3890 49TH AVE SO ST PETERSBURG FL 33711 US	Mailing Address 3890 49TH AVE SO ST PETERSBURG FL 33711-4614 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 01/23/1995	3a. Date of Last Report 06/12/1996
4. FEI Number 59-3289945	Applied For 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 New Fee Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SILVIA, DAVID J 5812 C ERIN LANE S. ST. PETE FL 33712	
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10. Name and Address of New Registered Agent 81 Name Silvia David S 82 Street Address (P.O. Box Number is Not Acceptable) 3890 49th Ave South 83 St. Pete. 84 City 85 Zip Code FL 33711	
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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	ASVP
NAME	MUNROE, RICHARD S
STREET ADDRESS	102 POMPANO DR
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	AVP
NAME	DADONA, JAMES
STREET ADDRESS	6565 5TH AVENUE SO
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	PRES
NAME	SILVIA, DEBORAH E
STREET ADDRESS	3890 49TH AVENUE SO
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	VP
NAME	SILVIA, DAVID J
STREET ADDRESS	3890 49TH AVE SO
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	Silvia David S. Jr
12 NAME	7020 Grecoilla Ave S.
13 STREET ADDRESS	St. Petersburg, FL
14 CITY-ST-ZIP	(AVP)
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	President
32 NAME	Silvia David S. Jr
33 STREET ADDRESS	3890 49th Ave S
34 CITY-ST-ZIP	St. Pete. FL
41 TITLE	Vice President
42 NAME	Silvia Deborah E
43 STREET ADDRESS	3890 49th Ave S.
44 CITY-ST-ZIP	St. Pete, FL (VP)
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 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 supplement 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.

SIGNATURE:  4-3-97 813-866-1777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)