

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000016897 (7)

1. Corporation Name
"TRILOK ENTERPRISES, INC."



Principal Place of Business: 879 YELLOW PINE AVE, ROCKLEDGE FL 32955
Mailing Address: 879 YELLOW PINE AVE, ROCKLEDGE FL 32955

3. Date Incorporated or Qualified: 02/27/1995
3a. Date of Last Report

2. Principal Place of Business
21 810 BARNES BLVD
22 Suite, Apt. #, etc.
23 ROCKLEDGE FL
24 Zip 32955 25 Country USA
26a Mailing Address
26 810 BARNES BLVD
27 Suite, Apt. #, etc.
28 ROCKLEDGE, FL
29 Zip 32955 30 Country USA

4. FEI Number: 59-330 3383
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
PRICE, T.L.
879 YELLOW PINE AVE
ROCKLEDGE FL 32955

10. Name and Address of New Registered Agent
81 Name: KAPIL GANDHI
82 Street Address (P.O. Box Number is Not Acceptable): 810 BARNES BLVD
83
84 City: ROCKLEDGE FL 85 Zip Code: 32955

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: KAPIL GANDHI *Khandli* 4/10/96
Signature (typed or printed name of registered agent and new agent) Date

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PATEL, BACHU C	
STREET ADDRESS	879 YELLOW PINE AVE	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GANDHI, KAPIL R	
STREET ADDRESS	879 YELLOW PINE AVE	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	PATEL, HARSHAD I	
STREET ADDRESS	879 YELLOW PINE AVE	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD & T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PATEL BACHU C	
1.3 STREET ADDRESS	810 BARNES BLVD	
1.4 CITY-ST-ZIP	ROCKLEDGE FL 32955	
2.1 TITLE	VD & S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GANDHI KAPIL	
2.3 STREET ADDRESS	810 BARNES BLVD	
2.4 CITY-ST-ZIP	ROCKLEDGE FL-32955	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Khandli* KAPIL GANDHI 4/10/96 407636 0001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)