

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. Mortha
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000016897 (7)

1. Corporation Name
*** TRILOK ENTERPRISES, INC. ***



Principal Place of Business
**810 BARNES BLVD
ROCKLEDGE FL 32955
US**

Mailing Address
**810 BARNES BLVD.
ROCKLEDGE FL 32955-5102
US**

3. Date Incorporated or Qualified
02/27/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business
21 State, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 State, Apt. #, etc.
27 City & State
28 Zip Country
29 30

4. FEI Number
59-3303383

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
~~KAPIL GANDHI
810 BARNES BLVD.
ROCKLEDGE FL 32955~~

10. Name and Address of New Registered Agent
81 Name **RAJENDRAKUMAR S. PATEL**
82 Street Address (P.O. Box Number is Not Acceptable)
570 NEWPORT DRIVE
83 **INDIATLANTIC**
84 City
FL 85 Zip Code
32903

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PDT	<input type="checkbox"/> DELETE
NAME	PATEL, BACHU C	
STREET ADDRESS	810 BARNES BLVD.	
CITY - ST - ZIP	ROCKLEDGE FL	
TITLE	VDS	<input checked="" type="checkbox"/> DELETE
NAME	GANDHI, KAPIL R	
STREET ADDRESS	810 BARNES BLVD.	
CITY - ST - ZIP	ROCKLEDGE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RAJENDRAKUMAR S PATEL
2.3 STREET ADDRESS	570 NEWPORT DRIVE
2.4 CITY - ST - ZIP	INDIATLANTIC FL 32903
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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and dated 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 checked, or in an attachment with an address.

SIGNATURE: _____ **3/18/97** **407-636-0001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)