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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000027893

### TREND DEVELOPMENT ENTERPRISES, INC.

Principal Place of Business 2325 E MAIN ST. LEESBURG FL 34748

2. Principal Place of Business

Mailing Address

2325 E MAIN ST. LEESBURG FL 34748

2a. Mailing Address

# FILED Feb 18, 1999 8:00am Secretary of State

02-18-1999 90124 014 \*\*\*150.00



Applied For

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

04/07/1995

4. FEI Number

| 21  |   | 26                                |                |   | 59-3309459  |                 | t Applicable      |  |
|---|---|-----------------------------------|----------------|---|---|-----------------|-------------------|--|
|   | te, Apt. #, etc. Suite, Apt. #, etc.                |                                   |                |   |   |                 | \$8.75 Additional |  |
| 22  |   | 27                                |                |   | 5. Certifcate of Status Desired                     | Fee Re          |                   |  |
| City & Stat   | e   | City & State                      |                |   | 6. Election Campaign Financing                      | \$5.00          | •                 |  |
| 23  |   | 28                                |                |   | Trust Fund Contribution                             | Added 1         | •                 |  |
| Zip Country Zip (                                       |   |                                   |                | у   | 8. This corporation owes the current year           |                 | <del>-</del>      |  |
| 25 29 30  |   |                                   |                |   | Personal Property Tax.                              | Yes             | □No               |  |
|   | 9. Name and Address of Curren                       | t Registered Agent                |                |   | 10. Name and Address of New Registere               | d Agent         |                   |  |
|   |   |                                   | 81             | Name  |   |                 |                   |  |
| MALIK, JOHN<br>2325 E. MAIN STREET<br>LEESBURG FL 34748 |   |                                   |                | 82 Street Address (P.O. Box Number is Not Acceptable) |   |                 |                   |  |
|   |   |                                   |                | Street Address (F.O. Box Humber is Not Acceptable)    |   |                 |                   |  |
|   |   |                                   |                | 3   |   |                 |                   |  |
|   |   |                                   |                | 1 00  |   |                 |                   |  |
|   |   |                                   | 84             | City  | F   | 85   Zip 0      | Code              |  |
| 11. Pursuant  | to the provisions of Sections 607.050               | 2 and 607.1508, Florida Statute   | s, the abov    | e-named corp  | poration submits this statement for the purpose     | of changing its | registered        |  |
| office or n   |   | of Florida. Such change was au    | thorized by    | the corporation                                       | on's board of directors. I hereby accept the app    |                 |                   |  |
| •   | and accept the obligat                              | iona ar, deciron dor .0000, Fibi: | wa Jiaidie:    | J.  |   |                 |                   |  |
| SIGNATURE   | Signature, typed or printed name of registered agen | and title if applicable. (NOTE:   | Registered Age | nt signature require                                  | d when reinstating) DATE                            |                 |                   |  |
| 12.   | OFFICERS AN   | D DIRECTORS                       | 13.            |   | ADDITIONS/CHANGES TO OFFICERS                       | AND DIRECTO     | RS IN 12          |  |
| TITLE   | VP  | DELETE                            | 1.1 TITLE      |   |   | ☐ Change        | ☐ Addition        |  |
| NAME  | MALIK, JOHN   |                                   | 1.2 NAME       |   |   |                 |                   |  |
| STREET ADDRESS  | 2325 EAST MAIN ST.                                  |                                   | 1.3 STREE      | TADDRESS  |   |                 |                   |  |
| CITY-ST-ZIP   | LEESBURG FL 34748                                   |                                   | 1.4 CITY-5     | ST-ZIP  |   |                 |                   |  |
| TITLE   | ST  | ☐ DELETE                          | 2.1 TITLE      |   |   | ☐ Change        | ☐ Addition        |  |
| NAME  | MALIK, ARLENE                                       |                                   | 2.2 NAME       |   |   |                 |                   |  |
| STREET ADDRESS  | 2325 EAST MAIN ST.                                  |                                   | 2.3 STREE      | T ADDRESS   |   |                 |                   |  |
| CITY-ST-ZIP   | LEESBURG FL 34748                                   |                                   | 2. 4 CITY-     | ST-ZIP  | • •   |                 |                   |  |
| TITLE   | P   | ☐ DELETE                          | 3.1 TITLE      |   |   | ☐ Change        | Addition          |  |
| NAME  | BERG, FORREST                                       |                                   | 3.2 NAME       |   |   |                 |                   |  |
| STREET ADDRESS  | 33246 SOMERSET DRIVE                                |                                   | 3.3 STREE      | TADORESS  |   | •               |                   |  |
| CITY-ST-ZIP   | LEESBURG FL 34788                                   |                                   | 3.4. CITY-5    | - 1   |   |                 |                   |  |
| TITLE   | D   | ☐ DELETE                          | 4.1 TITLE      |   |   | Change          | Addition          |  |
| NAME  | BERG, CAROL   |                                   | 4. 2 NAME      |   |   | _ •             | _                 |  |
| STREET ADDRESS  | 33246 SOMERSET DRIVE                                |                                   | 4.3 STREE      | TADDRESS  |   |                 |                   |  |
| CITY-ST-ZIP   | LEESBURG FL 34788                                   |                                   | 4.4 CITY-S     |   |   | •               |                   |  |
| TITLE   |   | ☐ DELETE                          | 5.1 TITLE      | -   |   | Change          | Addition          |  |
| NAME  |   |                                   | 5.2 NAME       |   |   |                 |                   |  |
| STREET ADDRESS  |   |                                   | 5.3 STREE      | T ADDRESS   |   |                 |                   |  |
| CITY-ST-ZIP   |   |                                   | 5.4 CITY- S    | ST-ZIP  |   |                 |                   |  |
| TITLE   |   | ☐ DELETE                          | 6.1 TITLE      |   |   | ☐ Change        | ☐ Addition        |  |
| NAME  |   |                                   | 6.2 NAME       |   |   |                 |                   |  |
| STREET ADDRESS  |   |                                   | 6.3 STREE      | TADDRESS  |   | •               |                   |  |
| CITY-ST-ZIP   |   |                                   | 6.4 CITY-S     | 1   |   |                 |                   |  |
|   |   |                                   |                |   | Section 119.07(3)(i), Florida Statutes. I further c |                 |                   |  |

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, with all other like empowered.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99

352-787-8050

R2E034 (11/98)