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Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000060508 (5)

1. Corporation Name
TRULLINGER ASSOCIATES, INC.



Principal Place of Business
2178 ARBOURWALK CIRCLE
APT #2316
NAPLES FL 33942

Mailing Address
2706 S. HORSESHOE DR.
SUITE 110
NAPLES FL 34104-6154

3. Date Incorporated or Qualified 08/04/1995
3a. Date of Last Report 02/26/1996

21	2. Principal Place of Business 2178 Arbour Walk Cir. Suite, Apt #, etc Apt. #2316 City & State Naples, FL Zip 34109	25	Country USA	26	2b. Mailing Address Suite, Apt #, etc. City & State Zip Country	29	30	4. FEI Number 13-3845891	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22	22	27	28	29	30	31	32	33	34	35	36

9. Name and Address of Current Registered Agent TRULLINGER, JAMES A 2178 ARBOURWALK CIRCLE APT #2316 NAPLES FL 33942	10. Name and Address of New Registered Agent 81 Name Trullinger, James W. 82 Street Address (P.O. Box Number is Not Acceptable) 2178 Arbour Walk Circle 83 Apt. # 2316 84 City Naples FL 85 Zip Code 34109
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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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	NAME TRULLINGER, JAMES A	1.1 TITLE Pres.	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 2178 ARBOURWALK CIRCLE	CITY-ST-ZIP NAPLES FL 33942	1.2 NAME JAMES W. TRULLINGER	
		1.3 STREET ADDRESS 2178 ARBOUR WALK Circle Apt. 2316	
		1.4 CITY-ST-ZIP Naples, FL 34109	
TITLE	NAME	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	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 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: James W. Trullinger 3/25/97 941-594-8003
DATE: _____ DAYTIME PHONE: _____

CR2E034 (9/96)