

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 # P95000071793 (0)

1. Corporation Name

PLEXI TRENDS, INC.



Principal Place of Business

Mailing Address

~~102 COLUMBIA DRIVE STE 203
CAPE CANAVERAL FL~~

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CAPE CANAVERAL FL~~

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 739 SCALLOP DRIVE	26 739 SCALLOP DRIVE	09/15/1995	9/15/95
22 Suite, Apt. #, etc. BAY # 2	27 Suite, Apt. #, etc. BAY # 2	4. FEI Number	Applied For
23 City & State PORT CANAVERAL, FL	28 City & State PORT CANAVERAL FL	59-2792305	Not Applicable
24 Zip 32920	29 Zip 32920	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25 Country USA	30 Country USA	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 <input checked="" type="checkbox"/> No <input type="checkbox"/>

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~MEONI, ROSEMARIE
102 COLUMBIA DRIVE STE 203
CAPE CANAVERAL FL~~

81 Name	MARTIN STROM
82 Street Address (P.O. Box Number is Not Acceptable)	739 SCALLOP DRIVE BAY# 2
83 City	PORT CANAVERAL
84 City	FL
85 Zip Code	32920

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: MARTIN STROM, PRES. Martin Strom 4/2/96
Signature, typed or printed name of registered agent and line it applicable (Block 13. Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	STROM, MARTIN	1.2 NAME	
STREET ADDRESS	400 LINCOLN AVENUE	1.3 STREET ADDRESS	None
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	NELSON, MARK	2.2 NAME	None
STREET ADDRESS	207 ARTHUR AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL 32931	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Martin Strom MARTIN STROM 4/2 96 407 7844713
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)