

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

FILED

Apr 15 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 # P95000075351 (3)

1. Corporation Name
TROVICA, INC.

Principal Place of Business
9900 WEST SAMPLE ROAD
SUITE 300
CORAL SPRINGS FL 33065

Mailing Address
9900 WEST SAMPLE ROAD
SUITE 300
CORAL SPRINGS FL 33065-4077



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
09/29/1995

3a. Date of Last Report
04/14/1996

4. FEI Number

65-0611556

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 taxes under s. 199.032,
Florida Statutes

Yes No

WARNER, JACK RICHARD
1125 HARBOUR SPRINGS CIR.
BOCA RATON FL 33428

10. Name and Address of New Registered Agent

81 Name
Teodoro Moran

82 Street Address (P.O. Box Number is Not Acceptable)
11125 Harbour Springs Circle

83

84 City
Boca Raton FL 85 Zip Code
33428

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ~~DELETE~~
NAME WARNER, JACK R
STREET ADDRESS 1125 HARBOUR SPRINGS CIR.
CITY - ST - ZIP BOCA RATON FL 33428

TITLE ST ~~DELETE~~
NAME WARNER, ENEIDA R
STREET ADDRESS 1125 HARBOUR SPRINGS CIR.
CITY - ST - ZIP BOCA RATON FL 33428

TITLE VP ☐ DELETE
NAME MANSOURI, FEREDOUN
STREET ADDRESS 1125 HARBOUR SPRINGS CIR.
CITY - ST - ZIP BOCA RATON FL 33428

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☐ Change ☒ Addition
1.2 NAME Teodoro Moran
1.3 STREET ADDRESS 11125 Harbour Springs Circle
1.4 CITY - ST - ZIP Boca Raton, FL 33428

2.1 TITLE Secretary ☐ Change ☒ Addition
2.2 NAME Alexandra Moran
2.3 STREET ADDRESS 11125 Harbour Springs Circle
2.4 CITY - ST - ZIP Boca Raton, FL 33428

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)