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

**PROFIT** CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000080657 (6)

## **COLONIAL TRUST CORPORATION**

## **FILED** May 15 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							) <u> </u>	III (ANDI
1975 E. SUNRISE BLVD. 1975 E. SUNRISE BLVD.								
#100 #100								
FORT LAUDERDALE FL 33304 FORT LAUDERDALE FL 33304				4		DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
4 5.5	(B)	On their Addison			·-··	10/17/1995 4. FEI Number	<del>-                                    </del>	
2. Principal Place of Business 2a. Mailing Address						65-0611665	— — ·	oplied For of Applicable
21     26								Additional
22						5. Certificate of Status Desired	Fee Re	
City & State City & State						6. Election Campaign Financing		May Be
28						Trust Fund Contribution		to Fees
Zip				Country 8. This corporation owes or has paid the current year Intangible				
24	25 29 30			Personal Property Tax due June 30. 💢 Yes 🗌 No				
	Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered	1 Agent	
AMUSO, AMY				81	Name			
1975 E. SUNRISE BLVD.				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		4.24.4.,4.44
#712				Щ				
FO	RT LAUDERDALE FL 33304			83				
				84	City		<b>85</b> Zip	Code
						F		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the					e-named corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the at	of changing if appintment as	ts registered 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 femiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE  Signature: typed or printed name of repisited agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE								
Signature: typed or printed name of registered agent and title d applicable (NOTE: Registered.)  12. OF FICE RS AND DIRECTORS				а Аде	ent signature require	ad when rainstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTOR	RS IN 12
TITLE	PVST	DELETE	1.1 10	TEF	····	ADDITION OF TAILOR OF THE CASE	☐ Change	Addition
NAME AMUSO, AMY			1.2 N				•	-
STREET ADDRESS 1975 E. SUNRISE BLVD., #712				1.3 STREET ADDRESS				
CITY-ST-ZIP	EODT LAUDEDDALE EL 20204				T-ZIP			
TITLE	D DELETE 2.1						Change	Addition
NAME	AMUSO, AMY 22'			AME				
STREET ADDRESS	AOSE E OUNDINE DIVID. #740			TREET	ADDRESS			
CITY-ST-ZIP	PORT LAURENDALE EL AGGGA			ITY - S	ST-ZIP			
TITLE	DELETE 3.1			TLE			Change	Addition
NAME	3.2			AME	j			
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TITLE	DELETE 4.			TLE			Change	☐ Addition
NAME			4. 2 N	IAME				
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¥ITL€		DELETE	5.1 TO				Change	Addition
NAME			5.2 N					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		T no ere			T-ZIP		Change	Addition
TITLE		☐ DELETE	6.1 TI				L Change	Addition
NAME			6.2 N					
STREET ADDRESS			•		ADDRESS			
CITY-ST-ZIP			<b>■</b> 6.4 C	ITY - S	T-ZIP	Cooling 110 07/3/(i) Elevida Statutas I further	and the that the	information

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Soction 119.07(3)(i), Florida Statutes. I further certify that the informatio 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 trusice 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.

Amy in Amuso

1 07 00 OKU 503.1787