

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

FILED
Mar 20 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 # P96000010386 (6)

1. Corporation Name
TRADEMAEN, INC.



Principal Place of Business

Mailing Address

14860 SHRIKE WAY
FORT MYERS FL 33908

14860 SHRIKE WAY
FORT MYERS FL 33908-8105

3. Date Incorporated or Qualified

01/22/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WINESETT, RICHARD W
2248 FIRST STREET
FT MYERS FL 33901

81 Name

Andrew G. Jessen

82 Street Address (P.O. Box Number is Not Acceptable)

83 6371-4 Presidential Ct.

84 City

Fort Myers

FL

85 Zip Code
33919

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

Andrew G. Jessen

Andrew G. Jessen

3/12/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D
HESS, BRUNO M
14860 SHRIKE WAY
FT MYERS FL 33908

DELETE

1.1 TITLE

P/D

Change Addition

NAME

1.2 NAME

Hess, Bruno M

STREET ADDRESS

1.3 STREET ADDRESS

14860 Shrike Way

CITY-STATE-ZIP

1.4 CITY-STATE-ZIP

Fort Myers FL 33908

TITLE

D
HESS, BERND
14860 SHRIKE WAY
FT MYERS FL 33908

DELETE

2.1 TITLE

Change Addition

NAME

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

CITY-STATE-ZIP

2.4 CITY-STATE-ZIP

TITLE

D
HESS, RIA
14860 SHRIKE WAY
FT MYERS FL 33908

DELETE

3.1 TITLE

V/S

Change Addition

NAME

3.2 NAME

Hess, Ria

STREET ADDRESS

3.3 STREET ADDRESS

14860 Shrike Way

CITY-STATE-ZIP

3.4 CITY-STATE-ZIP

Fort Myers FL 33908

TITLE

D
HESS, RIA
14860 SHRIKE WAY
FT MYERS FL 33908

DELETE

4.1 TITLE

Change Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-STATE-ZIP

4.4 CITY-STATE-ZIP

TITLE

D
HESS, RIA
14860 SHRIKE WAY
FT MYERS FL 33908

DELETE

5.1 TITLE

Change Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-STATE-ZIP

5.4 CITY-STATE-ZIP

TITLE

D
HESS, RIA
14860 SHRIKE WAY
FT MYERS FL 33908

DELETE

6.1 TITLE

Change Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-STATE-ZIP

6.4 CITY-STATE-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:

Ria Hess

Ria Hess

3/12/97

941-454-8684

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

0399424

CR2E034 (9/96)