
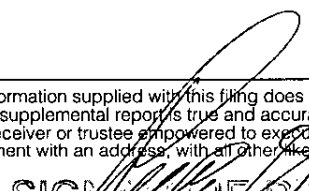


**FILED**  
**Jul 18, 2001 8:00 am**  
**Secretary of State**

0016894

<b>DOCUMENT # P96000037253</b>	
<b>1. Entity Name</b> L.H. TRIP & ASSOCIATES, INC.	
	
<b>Principal Place of Business</b> 1080 PARK RIDGE PLACE MELBOURNE FL 32940	<b>Mailing Address</b> 1080 PARK RIDGE PLACE MELBOURNE FL 32940
<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt., #, etc.	Suite, Apt., #, etc.
City & State	City & State
Zip	Country
Country	Zip
<b>6. Name and Address of Current Registered Agent</b>	
TRIP, LUCIEN H 1080 PARK RIDGE PLACE MELBOURNE FL 32940	
Name	
Street Address	
City	
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.</b>	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required.)</small>	
<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)</b> <input type="checkbox"/>	
<b>FILE NOW!!! FEE IS \$550.00</b> <b>After September 12, 2001 Fee will be \$750.00</b> <b>Make Check Payable to Department of State</b>	
<b>11. OFFICERS AND DIRECTORS</b>	
TITLE: D <input type="checkbox"/> Delete NAME: TRIP, LUCIEN H STREET ADDRESS: 1080 PARK RIDGE PLACE CITY-ST-ZIP: MELBOURNE FL 32940	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	
<b>12.</b>	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	
<b>13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in S indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 6 changed, or on an attachment with an address, with an other like empowered.</b>	
<b>SIGNATURE:</b>  <b>SIGNATURE REQUIRED</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	

# L. H. Trip & Associates

1-407-259-7929 • 1-800-809-0574 • FAX 1-407-255-5424

July 9, 2001

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Attachments

Doc # P96000037253  
C0073536

Re: Filing of Document # P96000037253

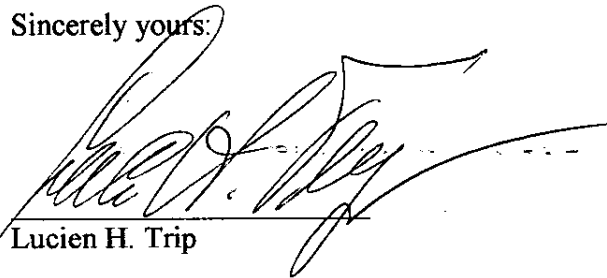
To whom it may concern;

I filed and paid my filing fees on the 19<sup>th</sup> of April 2001 by check # 1637. This is the second time in the last seven years that this has happened. When I reconciled my account I noticed that the check had not been cashed. When I mentioned this to my accountant I was told not to worry because things move slow in Tallahassee.

After contacting your office I was instructed by your office (Stacy) to resubmit the filing application with the original filing fee.

Thank you for your assistance.

Sincerely yours:



Lucien H. Trip