

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

FILED

May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000055586 (7)

1. Corporation Name
TRIO ENTERPRISES, INC.

Principal Place of Business
9241 CYPRESS HOLLOW DR.
PALM BEACH GARDENS FL 33418

Mailing Address
9241 CYPRESS HOLLOW DR.
PALM BEACH GARDENS FL 33418



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1200 Clint Moore Rd Suite, Apt. #, etc. Ste 2 City & State Boca Raton, FL Zip 33487 Country USA		2a. Mailing Address 26 1200 Clint Moore Rd Suite, Apt. #, etc. Ste 2 City & State Boca Raton, FL Zip 33487 Country USA		3. Date Incorporated or Qualified 07/01/1996	
				4. FEI Number 65-0688649	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FILINGS, INC. 3732 NW 16 ST. FT. LAUDERDALE FL 33311		10. Name and Address of New Registered Agent 81 Name Mandy Dixon 82 Street Address P.O. Box Number Not Applicable 83 3500 Mystic Pointe Dr. Tower 400 Apt 604 84 City Aventura FL 85 33180	
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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 Mandy Dixon Mandy Dixon - Vice President 4/28/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME MANNERS, MARK STREET ADDRESS 9241 CYPRESS HOLLOW DR. CITY-ST-ZIP PALM BEACH GARDENS FL 33418	<input type="checkbox"/> DELETE	1.1 TITLE President, Director, Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME mark manners 1.3 STREET ADDRESS 3105 Contego Lane 1.4 CITY-ST-ZIP Palm Beach Gardens, FL 33418	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE Vice President, Director, Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME Mandy Dixon 2.3 STREET ADDRESS 3500 Mystic Pointe Drive T400-604 2.4 CITY-ST-ZIP Aventura, Florida 33180	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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: Mandy Dixon Mandy Dixon 4/28/98 561-989-0373
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0322211

CR2E034 (10/97)