

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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

97 APR 29 AM 9:12  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P96000091790  
1. Corporation Name

TRENT INVESTMENT CO.

Principal Place of Business Mailing Address  
Mosley Business Park, Mosley St. SAME  
Burton-upon-Trent  
Staffordshire DE14 1DW, England

3. Date Incorporated or Qualified 11/7/96	3a. Date of Last Report N/A
4. FEI Number 65-0711812	Applied For Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 State Apt. #, etc.	26 One East Broward Blvd.
22 City & State	27 Suite 1300
23 Zip Country	28 Fort Lauderdale, FL
24 33301	29 USA

9. Name and Address of Current Registered Agent  
Intrastate Registered Agent Corporation  
701 Brickell Avenue, Suite 3000  
Miami, FL 33131

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	President, Treasurer, Director <input type="checkbox"/> DELETE
NAME	Graham Jackson
STREET ADDRESS	Mosley Business Park, Mosley Street, Burton-upon-Trent, Staffordshire
CITY-ST-ZIP	DE14 1DW, England <input type="checkbox"/> DELETE
TITLE	Vice President and Secretary <input type="checkbox"/> DELETE
NAME	Tony Stone
STREET ADDRESS	Mosley Business Park, Mosley Street, Burton-upon-Trent, Staffordshire
CITY-ST-ZIP	DE14, 1DW, England <input type="checkbox"/> DELETE
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	400002157964--0
2.1 TITLE	-04/29/97--01020--012 Addition
2.2 NAME	****165.00 ****122-58
2.3 STREET ADDRESS	10500
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Graham Jackson - GRAHAM JACKSON (PRESIDENT) 24/4/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)