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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700004081 (0)

TRENT ENTERPRISES, INC.

Principal Place of Business

Mailing Address

FILED May 01 1998 8:00am Secretary of State



512 GARDEN HEIGHTS DRIVE 512 GARDEN HEIGHTS DRIVE WINTER GARDEN FL 34787 WINTER GARDEN FL 34787 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/09/1997 2. Principal Place of Business Mailing Address Applied For Story ld 364 364 W. Story 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Fee Required 27 City & State & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name RAYBORN, TERRY S **512 GARDEN HEIGHTS DRIVE** 82 Street Address (P.O. Box Number is Not Acceptable) WINTER GARDEN FL 34787 R3 84 City 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 Signature, typed or printed name of registered agent and after displicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE Change Addition TITLE RAYBORN, TERRY S 1.2 NAME NAME 512 GARDEN HEIGHTS DRIVE STREET ADDRESS 1.3 STREET ADDRESS WINTER GARDEN FL 34787 CITY-ST-ZIF 1.4 CITY-ST-ZIP Change DELETE Addition 21 TIRE TITLE woods, Debra S 14817 Pond Pirie LA HATFIELD, DEBRA S NAME 2.2 NAME 14812 PINE POND LANE STREET ADDRESS 2.3 STREET ADDRESS CLERMONT FL 34711 2. 4 CITY-ST-ZIP CITY-ST-7IP Change DELETE 3.1 TITLE Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS 6.4 CITY-S1-ZIP

14. Thereby certify that the information supplied with this filling 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 13 if changed, or on an attachment with an address.

AIANIATURE

Delra Q. 11200

4-23-98 (401) 877-7131