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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90125 048 ***150.00

DOCUMENT #	P97000013168
DOCUMENT "	F3/000013100

1. Corporation					
TRILLIUN	A TECHNOLOGIES, INC.				
				~~ <i>~-</i> ~~ ~ 	
Principal Place of Business Mailing Address					
2115 LEEWARD LANE 2115 LEEWARD LANE					
MERRITT ISLAND FL 32953 MERRITT ISLAND FL 32953			DO NOT WRITE IN THIS	S SPACE	
				3. Date Incorporated or Qualifed	
				02/10/1997	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3434113	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate di Status Desired	Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year In	
24	25		30	Personal Property Tax.	Yes No
	9. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New Registered	Agent
MCF	ERMOTT, DANIEL L		-	John (Pinelli	
	MICHIGAN AVE BLDG E		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	OA FL 32922		83	5 LEEWARD LN	
	77112 32322		" M	levrit Is	
			84 City	FI	85 Zip Code
44 Duraugat	to the provisions of Sections 607 050	2 and 607 1508 Florida Statute	s the above-named corn	poration submits this statement for the purpose of	f changing its registered
office or r	egistered age it, or both, in the State	of Florida. Such change was au	thorized by the corporation	poration submits this statement for the purpose of on's board of directors. I hereby accept the appo	ointment as registered
	m ramiliar was, and accept the being	ations of, Section 607.0505, Flori	da Statutes.	-11. 12/2.	100
SIGNATURE	Signature ryped or printed name of registered age	ell John	da Statutes. Registered Agent signature require	Ell: 12/3.	/98
	Signature typed or printed name of registered age	ell John) 15. ()in	Ell: 12/3.	ND DIRECTORS IN 12
SIGNATURE	Signature Ayped or printed name of registered age OFFICERS AN	int and title if applicable. (NOTE: I	Registered Agent signature require	ed when reinstating) DATE	98
SIGNATURE	Signature Ayped or printed name of registered age OFFICERS AN PO VINELLI, JOHN B	int and title if applicable. (NOTE: (Registered Agent signature require	ed when reinstating) DATE	ND DIRECTORS IN 12
SIGNATURE 12. TITLE	Signature Apped or printed name of registered age OFFICERS AN PIO VINELLI, JOHN B 2115 LEEWARD LANE	int and title if applicable. (NOTE: (Registered Agent signature require 13. 1.1 TITLE	ed when reinstating) DATE	ND DIRECTORS IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature typed or printed name of registered age OFFICERS AN PIO VINELLI, JOHN B 2115 LEEWARD LANE MERRITT ISLAND FL 32953 SD	int and title if applicable. (NOTE: (Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ed when reinstating) DATE	ND DIRECTORS IN 12
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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 trusted 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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Vine Vi 12/3./98 40) 453-0480