

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

FILED

Jan 23 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 # **P97000013738 (4)**
1. Corporation Name

FLORIDA TRILOGY, INC.

Principal Place of Business

8823 JASPERS DRIVE
BOYNTON BEACH FL 33437

Mailing Address

8823 JASPERS DRIVE
BOYNTON BEACH FL 33437

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/12/1997

4. FEI Number

65-0742623

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEFKOWITZ, DENNIS S ESQ
2295 CORPORATE BOULEVARD N.W.
SUITE 120
BOCA RATON FL 33431

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME LOPEZ, DAVID
STREET ADDRESS 1360 SABAL LAKES ROAD
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE ☐ DELETE

NAME ORME, VERNON J
STREET ADDRESS 8823 JASPERS DRIVE
CITY-ST-ZIP BOYNTON BEACH FL 33437

TITLE ☐ DELETE

NAME WIKLE, KEITH
STREET ADDRESS 7093 CHARLESTON POINT DRIVE
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME P/D
David Lopez
1.3 STREET ADDRESS 1360 Sabal Lakes Rd
1.4 CITY-ST-ZIP Delray Beach, Fl. 33445 ☒ Change ☐ Addition

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME S/T/D
Vernon J. Orme
2.3 STREET ADDRESS 8823 Jaspers Dr.
2.4 CITY-ST-ZIP Boynton Beach, Fl. 33437 ☒ Change ☐ Addition

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME VP/D
Keith Wikle
3.3 STREET ADDRESS 7093 Charleston Pt. Dr.
3.4 CITY-ST-ZIP Lake Worth, Fl. 33467 ☐ Change ☐ Addition

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Vernon J. Orme
Vernon J. Orme, Pres.

1/6/98

561-272-0494

CR2E034 (10/97)