

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90032 023 ***150.00

DOCUMENT # **P97000013738**

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 ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 1202 Poinsettia Dr.

Suite, Apt. #, etc.

2a. Mailing Address

26 1202 Poinsettia Dr.

Suite, Apt. #, etc.

22 City & State

23 Delray Beach, Florida

Zip

Country

24 33444 25 USA

27 City & State

28 Delray Beach, Florida

Zip

Country

29 33444 30 USA

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE **STD** ☐ DELETE
NAME **ORME, VERNON J**
STREET ADDRESS **8823 JASPERS DRIVE**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE **VPD** ☐ DELETE
NAME **WIKLE, KEITH**
STREET ADDRESS **7093 CHARLESTON POINT DRIVE**
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE **D** ☒ DELETE
NAME **WIKLE, KEITH**
STREET ADDRESS **7093 CHARLESTON PT. DR.**
CITY-ST-ZIP **LAKE WORTH FL 33467**

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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ 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, on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/99
Date

561-272-0494
Daytime Phone #

CR2E034 (1/98)