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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000021876 (2)

TRS ENTERPRISES, INC.

CITY-\$1-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

FILED May 07 1998 8:00am Secretary of State

Change

(SI3) 577-2025

MOSTERIA

☐ Addition

Principal Plac	e of Business	Mailing Address		1 12 14 15 11 10 10 11 10 11 11 11 11 11 11 11 11	iffilt tinnet züret ifiben beir effer
10532 2ND W	/AY NORTH	10532 2ND WAY NORTH APT H			
ST PETERSBI	URG FL 33716	ST PETERSBURG FL 33716		DO NOT WRITE IN THIS	S SPACE
				3. Date Incorporated or Qualified	
				03/11/1997	
	lace of Business	2a. Mailing Address	<u> </u>	4. FEI Number	Applied For
21 0406		26 3993 Tyrone	z Blud	59-3438505	Not Applicable
Suite, Apt.	#, etc. 1 - B	Suite, Apt. #, etc. 27 # 608 - 165		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City 8 Stat	<u>م</u>	City & State		6. Election Campaign Financing	\$5.00 May Be
23 St.	etersburg FL	28 St etersb	ura, FL	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	d ountry	8. This corporation owes or has paid the c	
24 33710	25 USA		ol USA	Personal Property Tax due June 30.	Yes No
g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
ROBERTS, DAVID H 81 Name					
6574 30TH AVENUE NORTH 82 Sti				ess (P.O. Box Number is Not Acceptable)	
ST PETERSBURG FL 33710					
l			63		
			84 City	F	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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	Signature, typed or printed name of registered agont	and title if applicable (NO1)	legistered Agent signature requir	red when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
TITLE	PS	DELETE	1.1 TITLE		Change Addition
NAME	Soehl, steven h		1.2 NAMÉ		
STREET ADDRESS	10532 2ND WAY N, APT H		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33716		1.4 CITY+ST-ZIP		
TITLE	VT	☐ DELETE	2.1 TITLE		Change Addition
RAME	SO EHL, THOMAS W		2.2 NAME		
STREET ADDRESS	10532 2ND WAY N, APT H		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33716		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		!
CITY-ST-ZIP			3.4. CITY+ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAMÉ		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		ì

i.4 CITY - ST- ZIP

6.3 STREET ADDRESS

6.1 TITLE

14. Thereby 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.

DELETE