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 # P97000037934 (1)

TRILEX CORPROATION

Principal Place of Busines	\$
8413 JACARANDA AVE	

Mailing Address

8413 JACARANDA AVE

FILED Feb 20 1998 8:00am Secretary of State



SEMINOLE FL 33777 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/25/1997 Principal Place of Business Mailing Address Applied For 21 26 Not Applicable Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6, Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zip Country 8. This corporation owes or has paid the current year Intangible **₩** Yes □ No 24 25 29 30 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ZEOLI, SAM JR. 8413 JACARANDA AVE 82 Street Address (P.O. Box Number is Not Acceptable) **SEMINOLE FL 33777 B3** 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 redistered

agent. I a	m familiar with, and accept the obligations of, Section 607.0505, Flo	rida Statutes.	·	
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE	: Registered Agent signature	e required when reinstating) DATE	
12	OFFICERS AND DIRECTORS	13	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12
TITLE	DELETE	1.1 TITLE	Secretary Change X	Addition
NAME		1.2 NAME	Sam Zeoli, Jr.	
STREET ADDRESS		1.3 STREET ADDRESS	8413 Jacaranda Avenue	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Seminole, FL 33777-3619	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐	Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY - ST - ZIP		2. 4 CITY-ST-ZIP	<u></u>	
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 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY - ST - ZIP	<u></u>	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐	Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	DELETE	6.1 TITLE	☐ Change ☐	Addition
NAME		6.2 NAME		
STREET ADDRESS	:	6.3 STREET ADDRESS		
CITY ST. 7IP		BA CITY, ST. 780		

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 of 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 enactiment with an address.

Sam Zeoli.Jr

813-302-4444