SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700082899 (0)

TRM & ASSOCIATES, INC.

Principal Place of Business

FILED Jul 13 1998 8:00am Secretary of State

DO NOT WRITE IN THE OPACE

730 NINTH AVE NAPLES FL 34		730 NINTH AVE. SOUTH NAPLES FL 34102		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 09/15/1997]
 '	lace of Business	2a. Mailing Address		4. FEI Number Applied For	1
Suite, Apt.	BAME SAME	Suite, Apt. #, etc.		65-0825904 Not Applicable	4
22		27		5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & Stat	ee	City & State		6. Election Campaign Financing \$5.00 May Be	
Zip	Country	Zip	Country	Trust Fund Contribution Added to Fees	┦
24	25		30	This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curren			10. Name and Address of New Registered Agent	1
STE	WART, JAMES C JR		81 Name	Louise T. THAFIL	1
	COUNTY ROAD 951, STE. 101		82 Street A	ddress (P.Q. Box Number is Not Acceptable)	┨
GOL	DEN GATE FL 34116-6543		<u> </u>	30 9th Aux. South	
			83	NADIES Fl. 34102	1
			84 City	RE Zip Code	$\frac{1}{2}$
				FL 134102	
11. Pursuant office or	to the provisions of sections 607.0502 registered agent, or both, in the State.	2 and 607.1508, Florida Statutes of Florida, Such change was au	, the above-named cou	rporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered]
agent. I a	am tamiliai with, and accept the obliga	itions of, section 607.0505, Flor	ida Statutes.		l
SIGNATURE	Signature, typed or printed name of registered agent	ce jaes. Jei	1 & ass. In	4/2/98	ı
12.	OFFICERS AN		E: Registered Agent signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	4
TITLE	D	DELETE	1.1 TITLE	Change Addition	ł
NAME	THA E LL, LOUISE J	Dittie	1.2 NAME	Change T Addition	
STREET ADDRESS	730 NINTH AVE. SOUTH		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34102		1.4 CITY-ST-ZIP		
TITLE		DELETE	2.1 TITLE	Change Addition	1
NAME		_	2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE	•	DELETE	3.1 TITLE	Change Addition	1
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		l
CITY-ST-ZIP		·	3.4 CITY-ST-ZIP		1
TITLE		L] DELETE	4.1 TITLE	Change Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE			4.4 CITY-ST-ZIP		ļ
NAME		L DELETE	5.1 TITLE	Change Addition	١
STREET ADDRESS			5.2 NAME		
			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DACLETE	5.4 CITY-ST-ZIP 6.1 TITLE		ł
NAME		L_] DELETE	6.2 NAME	Change L Addition	
STREET ADDRESS			6.3 STREET ADDRESS	-07/14/9801042029 WAY	Ì
CITY-ST-ZIP			6.4 CITY-ST-ZIP	500002588015°C	ĺ
			■	· · · · · · · · · · · · · · · · · · ·	

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.

CHANGE OR WAR GIRANIO WE CALLED

MI lec

10 14 1000