## 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 Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90294 019 \*\*\*150.00

1. Corporation	<b>MENT</b>	# P970000	084279			<b>\</b>			
I. Colporation	TROUTE	RVICES, INC.			\				
AUGIK						1831;881; J.W. 1861; J.W. 1871; B.W.		BARL BARAN ARREI	(EB)
	•	_		<u>-</u>	]				
Principal Place	of Busine	ss	Mailing Address		_		it 69ili esiei i		
117 ANN RUSTII	N DRIVE		117 ANN RUSTIN DRIVE						
ORMOND BEACI	H FL 32176		ORMOND BEACH FL 32176			DO NOT WRIT	E IN THIS	SPACE	
	l I				Ī	3. Date Incorporated or Qualifed			
	į					09/30/1997			
2. Principal Pla	ace of Bus	iness	2a. Mailing Address		_	4. FEI Number		<u> </u>	oplied For
21	1		26			59-3470884			ot Applicable Additional
Suite, Apt. a	#, etc.		Suite, Apt. #, etc.			<ol><li>Certificate of Status Desired</li></ol>			equired
City & State	<u> </u>		City & State			6. Election Campaign Financing		\$5.00	Мау Ве
23		•	28		1	Trust Fund Contribution			to Fees
Zip		Country	Zip	Country		8. This corporation owes the curre	ent year Inta		
24	<u> </u>	25		30		Personal Property Tax.		Yes	□No
<del>,</del>	9. Nam	e and Address of Current	t Registered Agent	81 Nar		10. Name and Address of New R	egistered	Agent	
AME	RII AWYER	R CHARTERED							
	ALMERIA			82 Stre	eet Addres	s (P.O. Box Number is Not Accepta	ole)		
COR	al Gable	S FL 33134		83					
}	į			84 City				85 Zip	Code
				10-71 0113	,		FL		
·	!								
11. Pursuant I	to the provi	isions of Sections 607.0502	2 and 607.1508, Florida Statute	es, the above-name	ned corporation	ation submits this statement for the	nurnose of	changing its	registered egistered
l office or re	enistered a	gent or both in the State o	2 and 607.1508, Florida Statut of Florida. Such change was all ions of, Section 607.0505, Flor	uthorized by the ca	ned corporation	ation submits this statement for the s board of directors. I hereby accep	nurnose of	changing its	s registered egistered
office or re agent. I ar SIGNATURE	egistered a n familiar v i	gent, or both, in the State o vith, and accept the obligati	of Florida. Such change was at ions of, Section 607.0505, Flor	utnonzed by the co rida Statutes.	orporation	s poard of directors. Thereby accep	nurnose of	changing its	s registered egistered
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office or reagent. I are SIGNATURE  12.	egistered am familiar v Signature, type PD WEINGA	gent, or both, in the State of with, and accept the obligation of registered agent OFFICERS AND RTEN, ANDREW GURLEN, ANDREW GU	of Florida. Such change was all ions of, Section 607.0505, Flor tand title if applicable (NOTE)  D DIRECTORS	Registered Agent signat  1.1 TITLE	ure required w	s poard of directors. Thereby accep	purpose of t the appoint	D DIRECTO	ORS IN 12
office or reagent. I are agent. I are SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEINGA 117 ANN ORMONI	gent, or both, in the State of with, and accept the obligation of registered agent OFFICERS AND RTEN, ANDREW G	of Florida. Such change was all ions of, Section 607.0505, Floritand title if applicable (NOTE: D DIRECTORS	Registered Agent signat  1.1 TITLE  1.2 NAME  1.4 CITY-ST-ZIP	ure required w	s poard of directors. Thereby accep	purpose of t the appoint	D DIRECTO	DRS IN 12
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office or reagent. I ar agent. I ar SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD WEINGA 117 ANN ORMONI TD WEINGA 117 ANN ORMONI TD WEINGA	gent, or both, in the State of with, and accept the obligation of printed name of registered agent OFFICERS AND RIEM, ANDREW GOVERNMENT OF THE CONTROL OF TH	of Florida. Such change was all ions of, Section 607.0505, Floritand title if applicable (NOTE: D DIRECTORS	Intronzed by the critical Statutes.  Registered Agent signat  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRI  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRI  2.3 STREET ADDRI	ure required w	s poard of directors. Thereby accep	purpose of t the appoint	D DIRECTO	DRS IN 12
office or reagent. I ar agent. I ar SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD WEINGA 117 ANN ORMONI TD WEINGA 117 ANN ORMONI TD WEINGA	gent, or both, in the State of with, and accept the obligation of printed name of registered agent OFFICERS AND RIEN, ANDREW G. RUSTIN DRIVE D. BEACH FL 32176  RTEN, SANDRA	of Florida. Such change was all ions of, Section 607.0505, Floritand title if applicable (NOTE: D DIRECTORS	Intronzed by the critical Statutes.  Registered Agent signat  1.3 .  1.1 TITLE  1.2 NAME  1.3 STREET ADDRI  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME	ure required w	s poard of directors. Thereby accep	purpose of t the appoint	D DIRECTO	DRS IN 12
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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 of the economy of the receiver or frustee 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 of any attachment with an address, with all other like empowered.

SIGNATURE:X

OFFICER OR DIRECTOR

904441 2611 Daytime Phone #