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May 07, 1999 8:00 am
Secretary of State

05-07-1999 90144 013 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **P97000102219**

1. Corporation Name
TRUEIRA ENTERPRISES, INC.



Principal Place of Business
**136 MARKELLA RD.
 FT. WALTON BEACH FL 32548**

Mailing Address
**136 MARKELLA RD.
 FT. WALTON BEACH FL 32548**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/02/1997

4. FEI Number
59-3479350

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$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 **140 Mallet Bayou Dr**
 Suite, Apt. #, etc.

22 **Freeport FL**
 City & State

23 **32439**
 Zip

24 **32439**
 Zip

25 Country

26 **140 Mallet Bayou Dr**
 Suite, Apt. #, etc.

27 **Freeport FL**
 City & State

28 **32439**
 Zip

29 Country

30

9. Name and Address of Current Registered Agent
**TRUEIRA, SCOTT K
 136 MARKELLA RD.
 FT. WALTON BEACH FL 32548**

10. Name and Address of New Registered Agent

81 Name **Trueira, Scott K.**

82 Street Address (P.O. Box Number is Not Acceptable)
140 Mallet Bayou Dr

83

84 City **Freeport** FL 85 Zip Code **32439**

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 *Scott K Trueira* **Scott K Trueira** DATE **29 Apr 99**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TRUEIRA, SCOTT K	
STREET ADDRESS	136 MARKELLA RD.	
CITY-ST-ZIP	FT. WALTON BEACH FL 32548	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Scott K Trueira* DATE: **29 Apr 99** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)