PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000051221

TRUST	PROJECT MANAGEMENT,	INC.							
Principal Plac	e of Business	Mail	ling Address				- I I I Brider HE (8(8) rent ann ann ann	23.0.1 20.1 , 11.2.1.2	
2027 NW 180TH AVE. 2027 NW 180TH AVE. PENBROKE PINES FL 33029 PENBROKE PINES FL 33029				29	ı		DO NOT WRITE IN	THIS SPACE	
							Date incorporated or Qualifed 06/05/1998		
							4. FEI Primber		oplied For
`	Place of Business		2a, Mailing Address 26				65-0844849		ot Applicable
Suite, Apl	1. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional equired
2		27	City & State				- 6:-Election:Campaign:Financing	\$5.00	May Be
City & Sta		28	City & State		. —	. محموسیسے اور _ا	Trust Fund Contribution		to Fees
Zip	Country		Zip	Cou	ntry		8. This corporation owes the current ye	ar Intengible	
4	[25]	29		30			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Cur	rent Regist	ered Agent				10. Name and Address of New Regist	ered Agent	
					81	1			
	ust, christine 27 NW 180TH AVE.				82	Street Add	ress (P.O. Box Number is Not Acceptable)		
	MBROKE PINES FL 33029				83			,	
٠ 🕳.								85 Zip	Code
11. Pursuan office or agent. I SIGNATURE	F					e-named corporati	poration submits this statement for the purpoon's board of directors. I hereby accept the		s registered egistered
	Eigneture, typed or printed name of registered		applicable. (NO		bove d by lutes	e-named corporati		appointment as r	ORS IN 12
SIGNATURE	Eigneture, typed or printed name of registered	agent and (fo d	applicable. (NO	TE: Registered	bove d by lutes	e-named corporati	ed when reinstating)	se of changing it appointment as a	
SIGNATURE	E Signature, typed or private name of registered OFFICERS PVST TRUST, CHRISTINE	agent and (fo d	applicable (NO	TE: Registered 13. 1.1 π 1.2 N	Agent	e-named corporation corporatio	ed when reinstating)	appointment as r	ORS IN 12
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6.4 CITY-\$1-ZIP 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 certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807. Florida Statutes; and that my name appears in Block 12 or Block 13yl changed, or on an attachment with an address, with all other like empowered.

Mar 06, 1999 8:00 am Secretary of State 03-06-1999 90082 021 ***150.00