May 10, 1999 8:00 am Secretary of State

05-10-1999 90195 006 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P98000062468**

1. Corporation Name

TRILOGY RESOURCE MANAGEMENT, INC.

Principal Place of Business Mailing Address .						28 448 8 4448 44 8 44 8 44	14 Bites 1811 1861
14340 SOUTH WEST 268 STREET 14340 SOUTH WEST 268 STREET			EFT				
HOMESTEAD FL 33032 HOMESTEAD FL 33032				· ·			
					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		}
					07/15/1998		
Principal Place of Business 2a. Mailing Address					4. FEI Number	⊢ +-	Applied For
21		26			65-0851743		lot Applicable
├─ ┐		} − ¬ '	Suite, Apt. #, etc.		5. Certificate of Status Desired	•	Additional
		27	City & Shares				Required
City & State	e	City & State		6. Election Campaign Financing		May Be	
23 28 28 29 Country			Zip Country		Trust Fund Contribution		to Fees
Zip مے		<u> </u>	¬ .		8. This corporation owes the current year	ar Intangible □Yes	⊠No
24	9. Name and Address of Curren	29 30	<u>'</u> '		Personal Property Tax. 10. Name and Address of New Registe		<u> </u>
_ •	5. Name and Address of Curren	I Registered Agent	81	Name	10. Harrie and Mauress of New Region		
PITTER, CARL S					<u></u>		
7447 NORTH WEST 57 STREET			82	Street	Address (P.O. Box Number is Not Acceptable)]
TAMARAC FL 33319			83				
			00				
			84	City		FL 85 Zip	Code
44 D				namad			ts registered
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE; Registered Agent signature required when reinstating) DATE							
12.	OFFICERS AN		13.	ii signature i	ADDITIONS/CHANGES TO OFFICER		ORS IN 12
TITLE	DP	DELETE	1,1 TITLE			☐ Change	
NAME	A A STATE OF THE STATE OF		1.2 NAME				
STREET ADDRESS	44040 0114 000 07		1,3 STREET	ANDRESS			į
CITY-ST-ZIP	LICHTOTEAD EL COCCO		1.4 CITY- ST				
TITLE			2,1 TITLE	1-4.11		[] Change	Addition
NAME			2.2 NAME				_
STREET ADDRESS	44040 0 144 000 000		2.3 STREET	ADDDESS			
l	MONTOTE D. EL COCCO		ľ				j
CITY-ST-ZIP			2. 4 CITY-S 3.1 TITLE	1.716		☐ Change	Addition
NAME	TURNER, WALTER	321					
	44040 0 11/ 000 07		3.3 STREET	ADDDESS			1
STREET ADDRESS	LIGHTOTELD EL AGORG						-
CITY-ST-ZIP TITLE	HOWESTEAD PE 33032	□ DELETE	3.4. CITY-S 4.1 TITLE	-ZIP	DIRECTOR	Change	Addition
					CARL S. PITTER		
NAME			4, 2 NAME		7447 NORTH WEST 57TH STRE	rem	
STREET ADDRESS			4.3 STREE		I =	212 I	ĺ
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST 5.1 TITLE	I-ZIP	TAMARAC, FL 33319	☐ Change	Addition
TITLE							
NAME			5.2 NAME 5.3 STREET	AUUDEGG			Ì
STREET ADDRESS							1
CITY-ST-ZIP		- I noi etc	5.4 CITY-ST 6.1 TITLE	1-ZIP		☐ Change	Addition
TITLE		☐ DELETE				□ change	LI AUGUUN [
NAME			6.2 NAME				

14. I hereby certify that the information supplied with this filling 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 appears with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Locie 27 Ltbs: **
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (11/98)