## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

217 ALTAMONTE COMMERCE BLVD., SUITE 1204

## DOCUMENT # P98000069205

TREND SUPPLY, INC.

217 ALTAMONTE COMMERCE BLVD.. SUITE 1204

Principal Place of Business

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 3271						DO NOT WRITE IN TH	DO NOT WRITE IN THIS SPACE		
[						3. Date Incorporated or Qualifed			
						08/07/1998			
-2 -Principal F	Diane of Rusiness	2a Mailine	Address		<del>- :.</del>	4. FEI Number	~	polied For	
-2. Principal Place of Business 2a. Mailing Address						59 3544004	<u> </u>	t Applicable	
21 26 Suite Ant # etc						59 33 44004			
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State City & State						6. Election Campaign Financing	\$5.00	May Be	
23	28					Trust Fund Contribution	Added	to Fees	
Zip				Country		8. This corporation owes the current year	ntangible		
24				10		Personal Property Tax.	·		
241	9. Name and Address of Curr			<u>'L</u>		10. Name and Address of New Registers	d Agent		
	v. Hame and Address of Van	ant registered A		81	Name				
: DAT	EL, JAGRUTI		-	L.					
217 ALTAMONTE COMMERCE BLVD., SUITE 1204 ALTAMONTE SPRINGS FL 32714				82	82 Street Address (P.O. Box Number is Not Acceptable)				
				83	83				
•									
·					84 City FL 85 Zip Code				
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508	, Florida Statutes,	the above	e-named	corporation submits this statement for the purpose	of changing its	registered	
office or i	registered agent, or both, in the Stat am familiar with, and accept the obli	te of Florida. Such dations of Section	n change was auth n 607 0505. Florida	onzed by Statutes	the corp	oration's board of directors. I hereby accept the app	ointment as re	gistered	
	الملاءصب	ga 0., 000	JAGR		PAT	=,	•		
SIGNATURE	Signature, typed or printed plaine of registered a	gent and title if applicable				equired when reinstating)  DATE	L	<del></del>	
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS	ND DIRECTO	RS IN 12	
TITLE	D		DELETE	1:1 TITLE		PRECIDENT	Change	☐ Addition	
NAME	AMIN, BHAVESH		·	1.2 NAME		DATEL TAGRUTI		ļ	
STREET ADDRESS			1.3 STREET ADDRESS		17 ALTAMONTE COMMERCE BLUD 1204		204		
ļ						ALTAMONTE SPRINGS F.	1 3271	<u>.</u>	
CITY-ST-ZIP	BLOOMFIELD NJ 07003		DELETE	1.4 CITY-S	1-ZIP	MELLIMONIE STEINORS IN	Change	Addition	
TITLE			C DETELE	2.1 TITLE			Citalige		
NAME	1			2.2 NAME				í	
STREET ADDRESS	S .		İ	2.3 STREE	r address				
CITY-ST-ZIP	<u> </u>			2. 4 CITY-5	T-ZIP				
TITLE			DELETE	3.1 TITLE			Change	☐ Addition	
NAME				3.2 NAME				ĺ	
STREET ADDRESS				3.3 STREE	FADDRESS			l	
CITY-ST-ZIP	<u> </u>			3.4. CITY- 9	T-ZIP				
TITLE	] ===		☐ DELETE	4.1 TITLE			Change	☐ Addition }	
NAME	}			4, 2 NAME				{	
STREET ADDRESS				4.3 STREE	TADDRESS				
CITY-ST-ZIP	}			4.4 CITY-S	T- ZIP				
			DELETE				☐ Change	☐ Addition	

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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

5.3 STREFT ADDRESS

5.4 CITY+ST-ZIP

6.1-TITLE

6.2 NAME 6.3 STREET ADDRESS



DELETE--

414199

14078625058

☐ Change

Addition

Davtim

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90303 043 \*\*\*150.00