

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

FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90055 029 ***150.00

0513/13

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000070358

1. Corporation Name
TRILOGY INTERNATIONAL, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 1050 S.W. CHAPMAN WAY
 PALM CITY FL 34990

Mailing Address
 1050 S.W. CHAPMAN WAY
 PALM CITY FL 34990

3. Date Incorporated or Qualified
08/03/1998

2. Principal Place of Business
 21 **1050 S.W. Chapman Way**
 Suite, Apt. #, etc.

2a. Mailing Address
 26 **1050 SW Chapman Way**
 Suite, Apt. #, etc.

4. FEI Number
65 0879154

22
 City & State
 23 **PALM City FL**

27
 City & State
 28 **PALM City FL**

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

24 **34990** 25 **MARTIN**

29 **34990** 30 **MARTIN**

8. This corporation owes the current year tangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.
 2 S. BISCAYNE BLVD., STE. 3400
 MIAMI FL 33131

81 Name **MICHAEL HARRIS PA**
 82 Street Address (P.O. Box Number is Not Acceptable)
1615 Palm Beach Lks. Blvd.
 83 **Suite 550**
 84 City **West Palm Beach** FL 85 Zip Code **33401**

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 **Michael Harris PA**
 Signature, typed or printed name of registered agent and title if applicable. (NOT E: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
	PRESIDENT	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CAROL BERARDI	1.2 NAME	
CITY-ST-ZIP	1050 S.W. CHAPMAN WAY	1.3 STREET ADDRESS	
	PALM CITY FL 34990	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Carol Berardi** **4/20/99** **561-781-7278**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)