

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 18 PM 6:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S33780** (5)

1. Corporation Name:
TRILLIUM ONE PROPERTIES, INC.

Principal Place of Business: **2555 SOUTH ATLANTIC AVE. SUITE 100 DAYTONA BEACH SHORES FL 32118**
Mailing Address: **2555 SOUTH ATLANTIC AVE. SUITE 100 DAYTONA BEACH SHORES FL 32118**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/25/1991** 3a. Date of Last Report: **03/31/1994**
4. FEI Number: **59-3093232** Applied For: Not Applicable:
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 has liability for intangible tax under S. 100.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 **Suite 404** 22 **Suite 404** 23 **City & State** 24 **Zip** 25 **Country**
2a. Mailing Address: 26 **Suite 404** 27 **Suite 404** 28 **City & State** 29 **Zip** 30 **Country**

9. Name and Address of Current Registered Agent
**WOODWARD, JAMES F
349 TROPICAL LN
ORMOND BCH FL 32174**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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: _____ DATE: _____
Registered Agent (print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when filing)

12. OFFICERS AND DIRECTORS
TITLE: **D**
NAME: **KREJCI, DANA**
STREET ADDRESS: **2555 S ATLANTIC AVE. ~~100~~**
CITY ST ZIP: **DAYTONA BCH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE: Change Addition
12 NAME: **# 404**
13 STREET ADDRESS:
14 CITY ST ZIP:
21 TITLE: Change Addition
22 NAME:
23 STREET ADDRESS:
24 CITY ST ZIP:
31 TITLE: Change Addition
32 NAME:
33 STREET ADDRESS:
34 CITY ST ZIP:
41 TITLE: Change Addition
42 NAME:
43 STREET ADDRESS:
44 CITY ST ZIP:
51 TITLE: Change Addition
52 NAME:
53 STREET ADDRESS:
54 CITY ST ZIP:
61 TITLE: Change Addition
62 NAME:
63 STREET ADDRESS:
64 CITY ST ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information exhibited 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. 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.

SIGNATURE: *DANA KREJCI* **DANA KREJCI** 04/12/95 904/322 1600P
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR