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Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # S47439 (2)

1. Corporation Name
TRILLIUM MANAGEMENT CORP.



Principal Place of Business
4001 TAMiami TRAIL NORTH
SUITE 330
NAPLES FL 33940
US

Mailing Address
4001 TAMiami TRAIL NORTH
SUITE 330
NAPLES FL 34103-3555
US

3. Date Incorporated or Qualified 04/22/1991
3a. Date of Last Report 04/15/1996

2. Principal Place of Business
21 5801 Pelican Bay Blvd

2a. Mailing Address
26 5801 Pelican Bay Blvd.

4. FEI Number 65-0263568
Applied For Not Applicable

22 103
Suite, Apt. #, etc.

27 103
Suite, Apt. #, etc.

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

23 Naples, FL 34108
City & State

28 Naples, FL 34108
City & State

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

24 34108
Zip

25 Collier
Country

29 34108
Zip

30 Collier
Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VOLPE, MICHAEL J. E
4001 TAMiami TRAIL NORTH, STE 330
NAPLES FL 33940

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code FL

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
NOTE: Registered Agent's signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS
1. TITLE DP
2. NAME STEVENS, JOHN H.
3. STREET ADDRESS 50 SEAGATE DR
4. CITY- ST- ZIP NAPLES FL
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY- ST- ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY- ST- ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR