FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY 11 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S51226** **(6)**

1. Corporate Name
TRILLIUM PRODUCTIONS, INC.

Principal Office Address
13548 VERDE DRIVE
PALM BEACH GARDENS FL 33410

Mailing Address
13548 VERDE DRIVE
PALM BEACH GARDENS FL 33410

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification: 05/09/1991
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business
21 940 AUGUSTA POINTE DR.
Suite, Apt. #, etc.
22
City & State
23 PALM BEACH GARDENS, FL
24 33418 25 USA

2a. Mailing Address
26 940 AUGUSTA POINTE DR.
Suite, Apt. #, etc.
27
City & State
28 PALM BEACH GARDENS, FL
29 33418 30 USA

4. FEI Number: 65-0263556
Applied For [ ] Not Applicable [ ]

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Electronic Filing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

8. This corporation has authority to issue stock as stated in Section 607.0401 Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent
PRESTER, MURRAY K.
13548 VERDE DRIVE
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent
01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03 940 AUGUSTA POINTE DR.
04 City PALM BEACH GARDENS FL 05 Zip Code 33418

11. Pursuant to the provisions of Section 607.0505, 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. The name and address of the registered agent and office accepted by me are stated above, and I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 607, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	DT
NAME	PRESTER, MURRAY K.
STREET ADDRESS	13548 VERDE DRIVE
CITY STATE ZIP	PALM BEACH GRDNS FL
TITLE	SD
NAME	PRESTER, MARCIA
STREET ADDRESS	13548 VERDE DR
CITY STATE ZIP	PALM BCH GRDNS FL
TITLE	PD
NAME	PRESTER, ROBERT B
STREET ADDRESS	175E 96TH ST #12R
CITY STATE ZIP	NEW YORK NY

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

TITLE		[X] Change [ ] Add/Del
NAME		
STREET ADDRESS	940 AUGUSTA POINTE DR.	
CITY STATE ZIP		
TITLE		[X] Change [ ] Add/Del
NAME		
STREET ADDRESS	940 AUGUSTA POINTE DR.	
CITY STATE ZIP		
TITLE		[ ] Change [ ] Add/Del
NAME		
STREET ADDRESS		
CITY STATE ZIP		
TITLE		[ ] Change [ ] Add/Del
NAME		
STREET ADDRESS		
CITY STATE ZIP		
TITLE		[ ] Change [ ] Add/Del
NAME		
STREET ADDRESS		
CITY STATE ZIP		
TITLE		[ ] Change [ ] Add/Del
NAME		
STREET ADDRESS		
CITY STATE ZIP		

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my corporation has complied with the applicable provisions of Florida Statutes. I further certify that I am familiar with and accept the duties and responsibilities as registered agent for the above corporation and that I am familiar with the provisions of Chapter 607, Florida Statutes, and that my name appears above, or on an attached amendment, as registered agent for the above corporation.

SIGNATURE: Murray K. Prester MURRAY K. PRESTER 5/7/95 (407) 627-5558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0250680 CP