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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # V63750 (6)								
TRENDO	CO, INC.				1 (0 to 4) (4) (4) C (1) (1) (1) (1) (1) (1)	8616 84811 B18	LL GIOLI GIGIN S	(1881 <b>- 1</b> 188)
Principal Place of	of Business	Mailing Address			L (M D); A LIMIT DIEM HINE IN THE MISTER	3011 41411 813	!! <b>!!</b> !!! !!!!!!	MAN ALBIN AND
4723 W ATLAN	NTIC AVE	4723 W ATLANTIC AVE						
STE 4 DELRAY BEAC	H FL 33445	STE 4 DELRAY BEACH FL 3344	5					
US		US	•		3. Date Incorporated or Qualified	1	of Last Re	•
2. Principal Plac	ne of Business	2a. Mailing Address			<b>09/14/1992 4.</b> FEI Number	<u> </u>	4/25/199	applied For
21	50 B E2001 1000	26			65-0357783			lot Applicable
Suite, Apt. #.	. etc.	Suite Apt. #, etc			5. Certificate of Status Desired	П	\$8.75	Additional
22		27					Fee F	Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution			May Be
<b>23</b>   Zip	Country	<b>28</b>	Country		8. This corporation has liability for i			to Fees
24	25	<b>├</b>	30		Florida Statutes Yes		A CHOICE S	199.002
	9. Name and Address of Current	Registered Agent			10. Name and Address of New R	egistered	Agent	
			81	Name				
MEYERS, LOUIS			82 Street A		ss (P.O. Box Number is Not Acceptab	le;	*	
	ATLANTIC AVE		83					
STE 4	BEACH FL 33445							
DELIVAT	DEMON FL 33443		84	City			<b>85</b> Zip	Code
11. Pursuant to or registere	the provisions of Sections 607.0502 a d agent, or both, in the State of Florida	and 607.1508, Florida Statutes Such change was authorizer			tion submits this statement for the pur f of directors. Thereby accept the appr	FL pose of chrointment as	anging its re registered	egistered offic agent. I am
familiar with	n, and accept the obligations of. Section	in 607.0505, Florida Statutes.	the above nathly the corpor	med corpora ation's board	when therefored,	pose of cha ointment as DATE		
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I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 poetry 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 attack here. The poetry of the second accurate 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 attack here.

SIGNATURE:(

SIGNATURE AND TYPED OR MANYON SIGNING OFFICER OR DIRECTOR

4-24-96

407-637-0(80 Englishe Phone #