


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

**APPROVAL
AND
FILED**

98 OCT 26 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # P97000057593 (0)
1. Corporation Name
TRUST CONSULTING CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2103 N.W. 60TH CIRCLE BOCA RATON FL 33496	Mailing Address 2103 N.W. 60TH CIRCLE BOCA RATON FL 33496
---	---

3. Date Incorporated or Qualified
07/01/1997

2. Principal Place of Business 21 3 Marsh Haven Lane Suite, Apt. #, etc. 22 City & State 23 Savannah, GA Zip 24 31411	2a. Mailing Address 26 3 Marsh Haven Lane Suite, Apt. #, etc. 27 City & State 28 Savannah, GA Zip 29 31411	Country 25 USA	Country 30 USA
--	---	-------------------	-------------------

4. FEI Number 65-077 2714	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
TRUST, FREDERICK E
2103 N.W. 60TH CIRCLE
BOCA RATON FL 33496

10. Name and Address of New Registered Agent

81 Name	Frost, Frederick E. Kenneth Gurney
82 Street Address (P.O. Box Number is Not Acceptable)	3 Marsh Haven Lane 6077 Glendale Drive
83	
84 City	Boca Raton
85 Zip Code	FL 33483

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 Kenneth Gurney DATE 10/15/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUST, FREDERICK E	1.2 NAME	
STREET ADDRESS	2103 N.W. 60TH CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33496	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUST, EMILY	2.2 NAME	
STREET ADDRESS	2103 N.W. 60TH CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33496	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	

10/15/98
#150 BANK

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

SIGNATURE: Fred Trust **REQUIRED** *2/22/98* **912-598-9499**

CR2E034 (10/97)