


**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		90 FEB -9 PM 3: 23	
1. Name of Limited Partnership TRUST INVESTORS, LTD.		1a. DOCUMENT # A96000001050		3. Date Formed or Registered 06/04/1996		5a. Capital Contributions as Shown on record. \$1,500,000.00	
Mailing Address C/O FLORMARWIN, INC. 1500 FLORIAN DRIVE DANIA FL 33004		Principal Office Address C/O FLORMARWIN, INC. 1500 FLORIAN DRIVE DANIA FL 33004		3a. Date of Last Report 12/11/1997		5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address		2a. Principal Office Address		4. State or Country of Formation FL		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. FEI Number 65-0682427		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
City & State		City & State		7. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country		Zip Country		8. Make check payable to: Dept. of State (See reverse side for fee information)			



9. Name and Address of Current Registered Agent COHN, ALAN B C/O ABRAMS, ANTON, ET AL 2021 TYLER STREET HOLLYWOOD FL 33022		10. If changed, new Registered Agent/Office	
		Name	
		Street Address (P.O. Box Number Is Not Acceptable)	
		Suite, Apt. #, etc.	
		City	
		FL Zip Code	
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.			
SIGNATURE (Registered Agent Accepting Appointment)		DATE	

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) FLORMAWRIN, INC.		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1500 FLORIAN DRIVE		11b. City, State & Zip Code DANIA FL 33004		11c. Registration/ Document Number P95000049044	
						200002777462--7 -02/17/89--01015--001 ****526.25 ****526.25	

CR2E003 (8/98)

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *Alan B. Cohn* DATE 2/18/98

Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____