

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 JUN 28 AM 9:30**

**DOCUMENT # H78572 (5)**

1. Corporation Name  
**TRIVEST FINANCIAL SERVICES CORP.**

Principal Place of Business      Mailing Address  
**% EKLUND COY**      **% EKLUND COY**  
**930 ORCHID LANE**      **930 ORCHID LANE**  
**GULF STREAM FL 33483**      **GULF STREAM FL 33483**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**09/27/1985**      **06/21/1994**

4. FEI Number      Applied For  
**59-2593281**      Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 189.032, Florida Statutes       Yes       No

2. Principal Place of Business      2a. Mailing Address  
21      26  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
22      27  
City & State      City & State  
23      28  
Zip      Country      Zip      Country  
24      25      29      30

9. Name and Address of Current Registered Agent  
**EKLUND, COY**  
**930 ORCHID LANE**  
**GULF STREAM 33483**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City      FL      B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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      Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when registering)      DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	MILLER, JOSEPH
STREET ADDRESS	199 ELM ST
CITY - ST - ZIP	NEW CANANN CT
TITLE	D
NAME	WICKHAM, ROBERT
STREET ADDRESS	2 E 103RD ST
CITY - ST - ZIP	NY NY
TITLE	D
NAME	ESRINE, ALLAN
STREET ADDRESS	115 E 57TH ST 10TH FL
CITY - ST - ZIP	NY NY
TITLE	VD
NAME	PYNN, K K
STREET ADDRESS	SAMMI AMERICAN 19191 S VERMONT
CITY - ST - ZIP	TORRANCE CA
TITLE	CD <b>CHR + CEO</b>
NAME	EKLUND, COY
STREET ADDRESS	930 ORCHID LANE
CITY - ST - ZIP	GULF STREAM FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>PRES. + P. CALLETON BURTT</b>
1.3 STREET ADDRESS	<b>120 PAUL ST, WALTER BORO, SC</b>
1.4 CITY - ST - ZIP	<b>29489</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>DIR. LIONEL HAMPTON</b>
2.3 STREET ADDRESS	<b>20 W. 64<sup>th</sup> ST. 1 LINCOLN PLAZA</b>
2.4 CITY - ST - ZIP	<b>NY, NY 10023</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(d), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13, in whole or in part, in an attachment with an address.

SIGNATURE: *Coy Eklund*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**COY EKLUND**

Date: **4/20/95**      Daytime Phone #: **212-554-3535**

CR2E034 (3/95)