

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H78572** (5)

1. Corporation Name
TRIVEST FINANCIAL SERVICES CORP.



Principal Place of Business % EKLUND COY 930 ORCHID LANE GULF STREAM FL 33483	Mailing Address % EKLUND COY 930 ORCHID LANE GULF STREAM FL 33483
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3. Date Incorporated or Qualified 09/27/1985	3a. Date of Last Report 06/28/1995
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2. Principal Place of Business 21 Suite, Apt #, etc 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc 27 City & State 28 Zip 29 Country
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4. FEI Number 59-2593281	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 _____ (NOTE: Registered Agent sign-off is required when translating)

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLER, JOSEPH	
STREET ADDRESS	199 ELM ST	
CITY - ST - ZIP	NEW CANANN CT	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WICKHAM, ROBERT	
STREET ADDRESS	2 E 103RD ST	
CITY - ST - ZIP	NY NY	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ESRINE, ALLAN	
STREET ADDRESS	115 E 57TH ST 10TH FL	
CITY - ST - ZIP	NY NY	
TITLE	VO	<input type="checkbox"/> DELETE
NAME	PYNN, K K	
STREET ADDRESS	SAMMI AMERICAN 19191 S VERMONT	
CITY - ST - ZIP	TORRANCE CA	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	EKLUND, COY	
STREET ADDRESS	930 ORCHID LANE	
CITY - ST - ZIP	GULF STREAM FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BURTT, CARRELTON	
STREET ADDRESS	120 PAUL ST	
CITY - ST - ZIP	WALTERBORO SC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 or Block 14 or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/7/96

407.272-5529

CR2E034 (3/96)