


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000004549 (2)**

1. Corporation Name

TRENT CONDOMINIUM C ASSOCIATION, INC.



Principal Place of Business	Mailing Address
C/O GOLDMAN JUDA MWI CAMPBELL 7774 W. OAKLAND PARK BLVD #201 FT. LAUD FL 33054 US	C/O GOLDMAN JUDA MWI-CAMPBELL 7774 W OAKLAND PARK BLVD #201 FT. LAUD FL 33051 US
4373 ROCK ISLAND LAUDERHILL, FL 33319	4373 ROCK ISLAND LAUDERHILL, FL 33319

3. Date Incorporated or Qualified	3a. Date of Last Report
10/07/1993	03/22/1995

2. Principal Place of Business	2a. Mailing Address
21 C/O MWI CAMPBELL MGMT Suite, Apt. #, etc. 22 4373 Rock Island Rd City & State 23 LAUDERHILL, FL Zip 24 33319 Country 25 BROWARD	26 C/O MWI CAMPBELL MGMT Suite, Apt. #, etc. 27 4373 Rock Island Rd City & State 28 LAUDERHILL, FL Zip 29 33319 Country 30 BROWARD

4. FEI Number	Applied For
65-0439797	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	Fee Required
<input type="checkbox"/>	\$0.75
6. Election Campaign Financing Trust Fund Contribution	Added to Fees
<input type="checkbox"/>	\$5.00
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes <input type="checkbox"/> No <input type="checkbox"/>

9. Name and Address of Current Registered Agent

DIAMOND, DEENA
 7472 TRENT DR.
 TAMARAC FL 33321

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
 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	PD	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVENS, BOB	1.2 NAME	
STREET ADDRESS	7470 TRENT DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	1.4 CITY-ST-ZIP	33321
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARLSTEIN, JACK	2.2 NAME	REID, SEYMOUR
STREET ADDRESS	7468 TRENT DR.	2.3 STREET ADDRESS	7400 TRENT DRIVE
CITY-ST-ZIP	TAMARAC FL	2.4 CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	VD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUREFF, SEYMOUR	3.2 NAME	GROSSMAN, HERMAN
STREET ADDRESS	7438 TRENT DR.	3.3 STREET ADDRESS	7450 TRENT DRIVE
CITY-ST-ZIP	TAMARAC FL	3.4 CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIAMOND, DEENA	4.2 NAME	
STREET ADDRESS	7472 TRENT DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	4.4 CITY-ST-ZIP	33321
TITLE	TD	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANDERS, ADELE	5.2 NAME	
STREET ADDRESS	7486 TRENT DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	5.4 CITY-ST-ZIP	33321
TITLE		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	

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 if changed, or on an attachment with an address.

SIGNATURE: _____ SIGNATURE REQUIRED _____ Date: 7/24/96 Daytime Phone #: 724-9274

CP2E037 (3/96)