FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAR 20 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P17779** **(0)**

1. Corporation Name
TRIVEST GROUP, INC.

Principal Place of Business	Mailing Address
2665 SOUTH BAYSHORE DRIVE. STE. 800 MIAMI FL 33133	2665 SOUTH BAYSHORE DRIVE. STE. 800 MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/25/1988**
3a. Date of Last Report: **04/29/1994**

2. Principal Place of Business (21):
2a. Mailing Address (26):
4. FEI Number: **06-1221904** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc (27):
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23):
City & State (28):
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24): Country (25): Zip (29): Country (30):
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KLEIN, PETER W. 2665 S. BAYSHORE DRIVE SUITE 800 MIAMI FL 33133	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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
Signature, typed or printed name of registered agent and date of signature. (If not Registered Agent's signature required below)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	VS	11 TITLE	~~VP~~ ☐ Change ☐ Addition
NAME	KLEIN, PETER W.	12 NAME	~~Brumfield, Craig~~
STREET ADDRESS	2665 S.BAYSHORE DR #800	13 STREET ADDRESS	~~2665 South Bayshore Drive, #800~~
CITY-ST-ZIP	MIAMI FL 33133	14 CITY ST ZIP	~~Miami, Florida 33133~~
TITLE	~~DP~~	21 TITLE	D/P/CEO ☒ Change ☐ Addition
NAME	~~POWELL, EARL W.~~	22 NAME	Powell, Earl W.
STREET ADDRESS	~~2665 S BAYSHORE DR STE. 800~~	23 STREET ADDRESS	2665 South Bayshore Drive, Suite 800
CITY-ST-ZIP	~~MIAMI FL 33133~~	24 CITY ST ZIP	Miami, Florida 33133
TITLE	V	31 TITLE	VP ☐ Change ☒ Addition
NAME	BROCKWAY, PETER C.	32 NAME	Moran, Michael
STREET ADDRESS	2665 S BAYSHORE DR STE. 800	33 STREET ADDRESS	2665 South Bayshore Drive, #800
CITY-ST-ZIP	MIAMI FL 33133	34 CITY ST ZIP	Miami, Florida 33133
TITLE	V	41 TITLE	VP ☐ Change ☒ Addition
NAME	TEMPLETON, TROY D.	42 NAME	Vandenberg, Peter
STREET ADDRESS	2665 S BAYSHORE DR. STE. 800	43 STREET ADDRESS	2665 South Bayshore Drive, #800
CITY-ST-ZIP	MIAMI FL 33133	44 CITY ST ZIP	Miami, Florida 33133
TITLE	DC	51 TITLE	Assistant Secretary ☐ Change ☒ Addition
NAME	PHILLIP, T. GEORGE MD	52 NAME	Kuffner, Marilyn D.
STREET ADDRESS	2665 S. BAYSHORE DR. STE. 800	53 STREET ADDRESS	2665 South Bayshore Drive, #800
CITY-ST-ZIP	MIAMI FL 33133	54 CITY ST ZIP	Miami, Florida 33133
TITLE	~~PVS~~	61 TITLE	VP/T/AS ☒ Change ☐ Addition
NAME	~~ANDERSON, BRYSON J~~	62 NAME	Anderson, Bryson P.
STREET ADDRESS	~~2665 S. BAYSHORE DR. STE. 800~~	63 STREET ADDRESS	2665 South Bayshore Drive, #800
CITY-ST-ZIP	~~MIAMI FL 33133~~	64 CITY ST ZIP	Miami, Florida 33133

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)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and correct 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 added to the report with an address.

Marilyn D. Kuffner, Assistant Secretary

SIGNATURE: [signature] 03/07/95 305/858-2200
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED TO SIGN ON BEHALF OF FILING ENTITY — Date — Daytime Telephone Number

0134161 CP