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Mar 28 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1997



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

DOCUMENT # P96000004361 (7)

1. Corporation Name
TRINITY INVESTMENTS OF NORTHWEST FLORIDA, INC.



Principal Place of Business
**8500 PINE FOREST RD.
 PENSACOLA FL 32534**

Mailing Address
**8500 PINE FOREST RD.
 PENSACOLA FL 32534-9330**

3. Date Incorporated or Qualified **01/12/1996** 3a. Date of Last Report

2. Principal Place of Business
 21 **8666 Santa Rosa Blvd** 26 **8666 Santa Rosa Blvd**
 Suite, Apt. #, etc.

4. FEI Number **59 3359870** Applied For
 Not Applicable

22 **FL** 27 **FL**
 City & State

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

23 **32548** 28 **USA**
 Zip Country

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

24 **32548** 25 **USA** 29 **32548** 30 **USA**
 Zip Country Zip Country

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**DELGALLO, STEVEN P
 118 EAST BRAINERED STREET
 PENSACOLA FL 32501**

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 607.1508, 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	Secretary/Treasurer/Dir <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELGALLO, STEVEN P	1.2 NAME	
STREET ADDRESS	118 EAST BRAINERED STREET	1.3 STREET ADDRESS	
CITY- ST- ZIP	PENSACOLA FL 32501	1.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	President/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Sadru Khimani
STREET ADDRESS		2.3 STREET ADDRESS	8500 PINE FOREST RD
CITY- ST- ZIP		2.4 CITY- ST- ZIP	PENSACOLA, FL 32534
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Vice President/Dir <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	W. Todd Schweizer
STREET ADDRESS		3.3 STREET ADDRESS	33 DAY DR. S.E.
CITY- ST- ZIP		3.4 CITY- ST- ZIP	FT WALTON BEACH, FL 32548
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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 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, 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. I changed or on an attachment with an address _____

SIGNATURE: _____ Date _____ Daytime Phone # _____
 SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

CR2E034 (9/96)