

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 281108 (1)

1. Corporation Name  
TRIMANOR INC



Principal Place of Business  
C/O MOUNTAIN LAKE CORPORATION  
2300 ALTERNATE HIGHWAY 27 NORTH  
LAKE WALES FL 33853

Mailing Address  
MOUNTAIN LAKE #50  
2300 ALTERNATE HIGHWAY 27 NORTH  
LAKE WALES FL 33853

3. Date Incorporated or Qualified 05/04/1964	3a. Date of Last Report 03/30/1995
4. FEI Number 59-3288785	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 checked="" type="checkbox"/> No	

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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9. Name and Address of Current Registered Agent

MARTIN, ROBERT E  
C/O MOUNTAIN LAKE CORPORATION  
2300 ALTERNATE HIGHWAY 27 NORTH  
LAKE WALES FL 33853

10. Name and Address of New Registered Agent

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

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	RAY, WILLIAM F	
STREET ADDRESS	#50 MOUNTAIN LAKE	
CITY - ST - ZIP	LAKE WALES FL 33859-0832	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PAFFARD, FREDERIC C JR.	
STREET ADDRESS	#50 MOUNTAIN LAKE	
CITY - ST - ZIP	LAKE WALES FL 33859-0832	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	KINGSBURY, ELEANOR B	
STREET ADDRESS	#50 MOUNTAIN LAKE	
CITY - ST - ZIP	LAKE WALES FL 33859-0832	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	REYNOLDS, PEGGY E.	
STREET ADDRESS	#50 MOUNTAIN LAKE	
CITY - ST - ZIP	LAKE WALES FL 33859-0832	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE:

Peggy E. Reynolds, Asst. Secretary 4/16/96 941-676-3494

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)