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PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthami Secretary of State

DIVISION OF CORPORATIONS

1996

| 1. Corporation Name  TRIMARK ASSOCIATES, INC.  |   |  |  |  |  |   |                             |   |                               |
|--|---|--|--|--|--|---|-----------------------------|---|-------------------------------|
| Principal Place o  | of Business   | Ma   | ding Address   |  |  |   | DIN <b>FO</b> N DIEN I      | giali alğıl elə                                     | il Qubin bubu 1881            |
|  | uthgate MHP   |  | 20.000 U.S. 19 NOR<br>SUITE 703  |  |  |   |                             |   |                               |
| CLEARWATER FL 34624-5070<br>US   |   |  | CLEARWATER FL 34624-5070<br>US   |  | 3. Date Incorporated or Qualified 3a. Date of Last Report 03/22/1982 07/21/1995  |   |                             |   |                               |
| . Principal Plac   | ce of Business  | 2a.<br>26  | Mailing Address  |  |  | 4. FEI Number 59-2179422  |                             | <b>⊢</b>  | Applied For<br>Not Applicable |
| Suite, Apt #,  | etc.  | 27   | Suite, Apt. #, etc.  |  |  | 5. Certificate of Status Desired  |                             | •   | Additional<br>Required        |
| City & State   |   | 28   | City & State   |  |  | Election Campaign Financing     Trust Fund Contribution                             |                             |   | May Be                        |
| Zip<br>I   | Country<br>25   | 29   | Zip  | Country<br>30  | ·  | 8. This corporation has liability for   | intangible t                |   |                               |
|  | 9. Name and Address of Curre  |  | ered Agent   |  |  | 10. Name and Address of New I   |                             | Agent   |                               |
|  |   |  |  | 81   | Name   |   |                             |   |                               |
| BUCK, T RANDOLPH<br>499 N.W. 70 AVE.<br>PLANTATION FL 33317-9443   |   |  |  | 82   | Street Addr  | ress (P.O. Box Number is Not Acceptal   | ble)                        |   |                               |
|  |   |  |  | 83   |  |   |                             | <del> </del>  |                               |
|  |   |  |  | 84   | City   |   | FL                          | <b>85</b> Zig                                       | ) Code                        |
| or registered<br>familiar with   | the provisions of Sections 607,050<br>diagent, or both, in the State of Flor<br>, and accept the obligations of, Sec  | nda Such   | ichange was authori.   | zed by the con:  | L<br>named corpor<br>noration's boa  | ration submits this statement for the purific of directors. I hereby accept the app | irpose of ch<br>pointment a | nanging its n<br>s registered                       | egistered offic<br>agent I am |
| or registered<br>familiar with<br>SIGNATURE<br>\$  | d agent, or both, in the State of Hor,<br>and accept the obligations of, Sec<br>grature transfer protections of the constraints.<br>OFFICERS AN   | mda Such<br>chon 607.0<br>stastas na             | Change was authoridented to the Statute of the Stat | zid by the corps  one Popularia  13.   | ioration's boa   | rd of directors. I hereby accept the app  | pali<br>FICERS ANI          | s registered  | agent I am<br>RS IN 12        |
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SIGNATURE:

SIGNING OFFICER OR DIRECTOR

5/23/96 813-669-6319