

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90045 030 ***158.75

USA00105

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F98000002254

1. Corporation Name
THE TRINITY GROUP-I, INC.



Principal Place of Business Mailing Address
 249 NORTH SAW MILL RIVER RD. 249 NORTH SAW MILL RIVER RD.
 ELMSFORD NY 10523 ELMSFORD NY 10523

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 **21346 ST. ANDREWS BLVD** 26 **21346 ST. ANDREWS BLVD**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 **Ste. 137** 27 **Ste. 137**
 City & State City & State
 23 **BOCA RATON, FL** 28 **BOCA RATON, FL**
 Zip Country Zip Country
 24 **33433** 25 **USA** 29 **33433** 30 **USA**

3. Date Incorporated or Qualified
04/21/1998
 4. FEI Number **13-3998041** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional
 Fee Required
 6. Election Campaign Financing **\$5.00** May Be
 Trust Fund Contribution Added to Fees
 8. This corporation owes the current year Intangible
 Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> DELETE
NAME	SCHILLER, LEWIS S	
STREET ADDRESS	333 RECTOR PLACE PHD	
CITY-ST-ZIP	NEW YORK NY 10280	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WNUK, GRACE	
STREET ADDRESS	333 RECTOR PLACE PHD	
CITY-ST-ZIP	NEW YORK NY 10280	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SHAMSIE, DONALD L	
STREET ADDRESS	527 WESTWOOD DR.	
CITY-ST-ZIP	WAKE VILLAGE TX 75503	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	21634 CLUB VILLA TERRACE
1.4 CITY-ST-ZIP	BOCA RATON, FL 33433
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	21634 CLUB VILLA TERRACE
2.4 CITY-ST-ZIP	BOCA RATON, FL 33433
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 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **REQUIRED** _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **1/19/99** Daytime Phone # **561.447.6792**

CR2E034 (11/98)