SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **H78572** **(5)**

1. Corporation Name
TRIVEST FINANCIAL SERVICES CORP.

Principal Place of Business
% EKLUND.COY
930 ORCHID LANE
GULF STREAM FL 33483

Mailing Address
% EKLUND.COY
930 ORCHID LANE
GULF STREAM FL 33483

3. Date Incorporated or Qualified: **09/27/1985**
3a. Date of Last Report: **06/28/1995**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt #, etc — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: **59-2593281** — Applied For / Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**
EKLUND, COY
930 ORCHID LANE
GULF STREAM 33483

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, JOSEPH		1.2 NAME	
STREET ADDRESS	199 ELM ST		1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW CANANN CT		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WICKHAM, ROBERT		2.2 NAME	
STREET ADDRESS	2 E 103RD ST		2.3 STREET ADDRESS	
CITY-ST-ZIP	NY NY		2.4 CITY-ST-ZIP	
TITLE	D	X DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ESRINE, ALLAN		3.2 NAME	
STREET ADDRESS	115 E 57TH ST 10TH FL		3.3 STREET ADDRESS	
CITY-ST-ZIP	NY NY		3.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	PYNN, K K		4.2 NAME	
STREET ADDRESS	SAMMI AMERICAN 19191 S VERMONT		4.3 STREET ADDRESS	
CITY-ST-ZIP	TORRANCE CA		4.4 CITY-ST-ZIP	
TITLE	CEO	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	EKLIND, COY		5.2 NAME	
STREET ADDRESS	930 ORCHID LANE		5.3 STREET ADDRESS	
CITY-ST-ZIP	GULF STREAM FL		5.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	BURTT, CARRELTON		6.2 NAME	
STREET ADDRESS	120 PAUL ST		6.3 STREET ADDRESS	
CITY-ST-ZIP	WALTERBORO SC		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 6/7/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone: 407.272-5529

CR2E034 (3/96)