

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 21 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P10197 (2)

1. Corporation Name

TRIVEST, INC.

Principal Place of Business

2665 S BAYSHORE DR.
#800
MIAMI FL 33133

Mailing Address

2665 S BAYSHORE DR.
#800
MIAMI FL 33133

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 05/22/1986	3a. Date of Last Report 04/27/1994
4. FEI Number 36-3352654	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	

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KLEIN, PETER W.
2665 SOUTH BAYSHORE DRIVE
SUITE 800
MIAMI FL 33133

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PO - D/P/CEO**
NAME **POWELL, EARL W.**
STREET ADDRESS **2665 S. BAYSHORE DRIVE, SUITE 800**
CITY-ST-ZIP **MIAMI FL 33133**

1.1 TITLE **D/COB**
1.2 NAME **George, Phillip T.**
1.3 STREET ADDRESS **2665 South Bayshore Drive, Suite 800**
1.4 CITY-ST-ZIP **Miami, Florida 33133**

TITLE **AS - AS/T/VP**
NAME **ANDERSON, BRYSON JAY**
STREET ADDRESS **2665 S BAYSHORE DR., SUITE 800**
CITY-ST-ZIP **MIAMI FL 33133**

2.1 TITLE **VP**
2.2 NAME **Moran, Michael**
2.3 STREET ADDRESS **2665 South Bayshore Drive, Suite 800**
2.4 CITY-ST-ZIP **Miami, Florida 33133**

TITLE **MV -**
NAME **BRUMFIELD, CRAIG A.**
STREET ADDRESS **2665 S BAYSHORE DR. #800-**
CITY-ST-ZIP **MIAMI FL 33133-**

3.1 TITLE **VP**
3.2 NAME **Templeton, Troy D.**
3.3 STREET ADDRESS **2665 South Bayshore Drive, Suite 800**
3.4 CITY-ST-ZIP **Miami, Florida 33133**

TITLE **MV - EVP/Managing Director**
NAME **BROCKWAY, PETER C**
STREET ADDRESS **2665 SOUTH BAYSHORE DR. SUITE 800**
CITY-ST-ZIP **MIAMI FL 33133**

4.1 TITLE **VP-Corporate Communications**
4.2 NAME **Hurwitz, A. Richard.**
4.3 STREET ADDRESS **2665 South Bayshore Drive, Suite 800**
4.4 CITY-ST-ZIP **Miami, Florida 33133**

TITLE **MVS - S/VP/Managing Director**
NAME **KLEIN, PETER W**
STREET ADDRESS **2665 SOUTH BAYSHORE DR., SUITE 800**
CITY-ST-ZIP **MIAMI FL 33133**

5.1 TITLE **AS**
5.2 NAME **Kuffner, Marilyn D.**
5.3 STREET ADDRESS **2665 South Bayshore Drive, Suite 800**
5.4 CITY-ST-ZIP **Miami, Florida 33133**

TITLE **JAVS -**
NAME **ANDERSON, BRYSON J**
STREET ADDRESS **2665 S. BAYSHORE DR., SUITE 800**
CITY-ST-ZIP **MIAMI FL 33133-**

6.1 TITLE
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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Marilyn D. Kuffner, Assistant Secretary

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/16/95

305/858-2200

Date

Telephone Number