FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 8:42

DOCUMENT # **P16046** **(5)**

1. Corporation Name
TRIVEST PLAN SPONSOR, INC.

Principal Place of Business	Mailing Address
2665 SOUTH BAYSHORE DR. SUITE 800 MIAMI FL 33133	2665 SOUTH BAYSHORE DR. SUITE 800 MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
09/22/1987	04/27/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21	26	65-0006158	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	X D/CEO/P	11 TITLE	☐ Change ☐ Addition
NAME	POWELL, EARL W.	12 NAME	
STREET ADDRESS	2665 S. BAYSHORE DR., SUITE 800	13 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33133	14 CITY ST ZIP	
TITLE	DC	21 TITLE	☐ Change ☐ Addition
NAME	GEORGE, PHILLIP T.	22 NAME	
STREET ADDRESS	2665 S. BAYSHORE DR., SUITE 800	23 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33133	24 CITY ST ZIP	
TITLE	~~X VP/CFO~~	31 TITLE	☐ Change ☐ Addition
NAME	~~BRUMFIELD, CRAIG~~	32 NAME	
STREET ADDRESS	~~2665 S BAYSHORE DR, SUITE 800~~	33 STREET ADDRESS	
CITY ST ZIP	~~MIAMI FL 33133~~	34 CITY ST ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	KLEIN, PETER W.	42 NAME	
STREET ADDRESS	2665 S BAYSHORE DR, SUITE 800	43 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33133	44 CITY ST ZIP	
TITLE	X T/AS	51 TITLE	☐ Change ☐ Addition
NAME	ANDERSON, BRYSON J.	52 NAME	
STREET ADDRESS	2665 S BAYSHORE DR, SUITE 800	53 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33133	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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 attached sheet with an address.

SIGNATURE: Peter W. Klein, Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

03/07/95
Date

(305)858-2200
Daytime Phone #