

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

**FILED**  
**Apr 24 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P16046 (5)**

1. Corporation Name  
**TRIVEST PLAN SPONSOR, INC.**

Principal Place of Business <b>2665 SOUTH BAYSHORE DR. SUITE 800                  MIAMI FL 33133</b>	Mailing Address <b>2665 SOUTH BAYSHORE DR. SUITE 800                  MIAMI FL 33133-5448</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/22/1987</b>	3a. Date of Last Report <b>04/12/1996</b>
21	26	4. FEI Number <b>65-0006158</b>		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23 Zip Country		28 Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>KLEIN, PETER W.                  2665 SOUTH BAYSHORE DRIVE                  SUITE 800                  MIAMI FL 33133</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DCEO</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POWELL, EARL W</b>	1.2 NAME	
STREET ADDRESS	<b>2665 S. BAYSHORE DR., SUITE 800</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>DC</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GEORGE, PHILLIP T.</b>	2.2 NAME	
STREET ADDRESS	<b>2665 S. BAYSHORE DR., SUITE 800</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33133</b>	2.4 CITY - ST - ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KLEIN, PETER W.</b>	3.2 NAME	
STREET ADDRESS	<b>2665 S BAYSHORE DR, SUITE 800</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33133</b>	3.4 CITY - ST - ZIP	
TITLE	<b>TAS</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANDERSON, BRYSON J.</b>	4.2 NAME	<b>VPT</b>
STREET ADDRESS	<b>2665 S BAYSHORE DR, SUITE 800</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>VP</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>Templeton, Troy D.</b>
CITY - ST - ZIP		5.4 CITY - ST - ZIP	<b>2665 S. Bayshore Dr., Suite 800 Miami, FL 33133</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>AS</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>Kuffner, Marilyn D.</b>
CITY - ST - ZIP		6.4 CITY - ST - ZIP	<b>2665 S. Bayshore Dr., Suite 800 Miami, FL 33133</b>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(b), 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.

SIGNATURE: \_\_\_\_\_ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE \_\_\_\_\_ DAYTIME PHONE # **305/858-2200**

CR2E034 (9/96)