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

APPROVED AND FILED
95 MAR 21 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P17761** **(8)**

1. Corporation Name
TRIVEST ANALYSTS, INC.

Principal Place of Business	Mailing Address
2665 S. BAYSHORE DRIVE.SUITE 800 MIAMI FL 33133	2665 S. BAYSHORE DRIVE.SUITE 800 MIAMI FL 33133

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/25/1988	3a. Date of Last Report: 04/27/1994
4. FEI Number: 06-1221905	☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KLEIN, PETER W. 2665 S. 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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PD~~ D/CEO/P	1.1 TITLE	VP ☐ Change ☒ Addition
NAME	POWELL, EARL W.	1.2 NAME	Moran, Michael
STREET ADDRESS	2665 S. BAYSHORE DR #800	1.3 STREET ADDRESS	2665 South Bayshore Drive, Suite 800
CITY-ST-ZIP	MIAMI FL 33133	1.4 CITY-ST-ZIP	Miami, Florida 33133
TITLE	DC	2.1 TITLE	AS ☐ Change ☒ Addition
NAME	GEORGE, PHILLIP T. M.D.	2.2 NAME	Kuffner, Marilyn D.
STREET ADDRESS	2665 S. BAYSHORE DR #800	2.3 STREET ADDRESS	2665 South Bayshore Drive, Suite 800
CITY-ST-ZIP	MIAMI FL 33133	2.4 CITY-ST-ZIP	Miami, Florida 33133
TITLE	VS	3.1 TITLE	☐ Change ☐ Addition
NAME	KLEIN, PETER W.	3.2 NAME	
STREET ADDRESS	2665 S. BAYSHORE DR SUITE 800	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	BROCKWAY, PETER	4.2 NAME	
STREET ADDRESS	2665 S. BAYSHORE DR SUITE 800	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	TEMPLETON, TROY D.	5.2 NAME	
STREET ADDRESS	2665 S. BAYSHORE DR SUITE 800	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	5.4 CITY-ST-ZIP	
TITLE	~~TAVS~~ AVP/T/AS	6.1 TITLE	☐ Change ☐ Addition
NAME	ANDERSON, BRYSON J	6.2 NAME	
STREET ADDRESS	2665 SOUTH BAYSHORE DR. SUITE 800	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	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)(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.

Marilyn D. Kuffner, Assistant Secretary

SIGNATURE: _____ 03/16/95 (305)858-2200
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone #

0134188 CP