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Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P31840 (2)

1. Corporation Name
TRST ORLANDO, INC.

Principal Place of Business 1000 RED RIVER AUSTIN TX 78701-2627	Mailing Address 1000 RED RIVER AUSTIN TX 78701-2627
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 11/19/1990	3a. Date of Last Report 04/09/1996
4. FEI Number 74-2583700	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CHARLES L DUNLAP	
STREET ADDRESS	1000 RED RIVER ST	
CITY-STATE-ZIP	AUSTIN TX	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	YOUNG, JOHN E.	
STREET ADDRESS	7170 LAS VENTANAS	
CITY-STATE-ZIP	AUSTIN TX	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	WAYNE FICKEL	
STREET ADDRESS	1000 RED RIVER ST	
CITY-STATE-ZIP	AUSTIN TX	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CAMP, FRANK	
STREET ADDRESS	ROUTE 1 BOX 255	
CITY-STATE-ZIP	KILGORE TX	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	YOUNGBLOOD, KNEELAND	
STREET ADDRESS	5950 BERKSHIRE LANE, STE. 950	
CITY-STATE-ZIP	DALLAS TX	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jack Cooper
2.3 STREET ADDRESS	1000 Red River Street
2.4 CITY-STATE-ZIP	Austin, Texas 78701
3.1 TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Ronnie Jung
3.3 STREET ADDRESS	1000 Red River Street
3.4 CITY-STATE-ZIP	Austin, Texas 7801
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Lisa Trevino-Cummins
5.3 STREET ADDRESS	1000 Red River Street
5.4 CITY-STATE-ZIP	Austin, Texas 78701
6.1 TITLE	Assistant Secretary/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Wayne Fickel
6.3 STREET ADDRESS	1000 Red River Street
6.4 CITY-STATE-ZIP	Austin, Texas 78701

14. I do hereby certify that the information supplied with this filing 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.

SIGNATURE: *Wayne Fickel* DATE: *4-11-97* DAYTIME PHONE: *512 397-6409*

CR2E034 (9/96)