

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000030930 (0)

1. Corporation Name

TRINCALI DEVELOPMENT, INC.



Principal Place of Business

Mailing Address

6981 NW 66TH ST
PARKLAND FL 33067

6981 NW 66TH ST
PARKLAND FL 33067

3. Date Incorporated or Qualified 04/27/1993	3a. Date of Last Report 02/16/1995
4. FEI Number 65-0501087	Applied For 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 1805 Atlantic Street Suite Apt. #, etc. 22 #114 City & State 23 Melbourne Beach, FL Zip 24 32951	2a. Mailing Address 26 1805 Atlantic Street Suite, Apt. #, etc. 27 #114 City & State 28 Melbourne Beach, FL Zip 29 32951	Country 25 Country 30
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TRINCALI, CHARLES
6981 NW 66TH ST
PARKLAND FL 33067

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	1805 Atlantic Street
83	#114
84 City	Melbourne Beach
85 State	FL
86 Zip Code	32951

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	D <input type="checkbox"/> DELETE	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRINCALI, CHARLES	1 2 NAME	
STREET ADDRESS	6981 NW 66TH ST	1 3 STREET ADDRESS	
CITY-ST-ZIP	PARKLAND FL 33067	1 4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRINCALI, SAUVEUR	2 2 NAME	
STREET ADDRESS	6981 NW 66TH ST.	2 3 STREET ADDRESS	
CITY-ST-ZIP	PARKLAND FL	2 4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY-ST-ZIP		3 4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 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

Sauveur Trincali V.P.

3/4/96
Date

407-7256768
Daytime Phone #

CR2E034 (12/95)