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CORPORATION ANNUAL REPORT



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

1996 DOCUMENT #

P94000040815 (0)

TRINIT	ECH, INC.			 	
Principal Place of Business Mailing Address		Mailing Address			FORFA BORRA BORRA BURRA BORRA BO
12782 PINEWAY DR 12782 PINEWAY DR LARGO FL 34643 LARGO FL 34643					
				 Date Incorporated or Qualified 05/23/1994 	d 3a. Date of Last Report 05/01/1995
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. 4	# etc	Suite, Apt. #, etc.	· ····	59-3251467	Not Applicable
22	., 0.0	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	55.00 May Be
23		28		Trust Fund Contribution	Added to Fees
- Ζ ιρ 	Country	Zip	Country		or intangible tax under s. 199.032,
24	25 9. Name and Address of Cur	29	30		es No
	g, Name and Address of Cur	rem Registered Agent	81 Name	10. Name and Address of New	Hegistered Agent
NEUKAI	MM, JOHN B				
	TAMPA ST		82 Street Ad	oress (P.O. Box Number is Not Accept	table)
SUITE 1			83		
	FL 33602				
			84 City		FL 85 Zip Code
SIGNATURE _	Styristicia, typed or printed name of registered a	gent and title days beautic (NO	E. Hagistered Ajrart signature requ		(iaié
12. TILE	D OFFICERS A	AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO O	FLICERS AND DIRECTORS IN 12
NAME	MARTIN, MAX J		1. 1 TITLE		☐ Change ☐ Addition
STREET ADDRESS	12782 PINEWAY DR		1.2 NAME		
CITY-ST-7IP	LARGO FL 34643		1.3 STREET ADURESS 1.4 C-TY - ST - ZIP		
TITLE	D	DELETE	2 1 TILE	, , , , , , , , , , , , , , , , , , ,	Change Addition
NAME	MARTIN, ALICE J		2.2 NAME		B
STREET ADDRESS	12782 PINEWAY DR		2.3 STREET ADDRESS		
CITY - ST - 7IP	LARGO FL 34643		2 4 CiTY - ST - ZIP		
THILE		☐ DELETE	3 1 TITLE		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
TITLE		T DELETE	3 4 CITY - ST - ZIP		
NAME			4 1 TITLE		Change Addition
STREET ADDRESS			4.2 NAME		
C TY+ST ZIP			4 3 STREEF ADDRESS 4 4 CHY SEZIP		
THUE		☐ DELETE	5 1 TILLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-7IP			5 4 CITY-ST-ZIP		
TIFLE		☐ DELETE	6 1 TIFLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
City St-ZiP			6.4 CITY - ST - 7IP		

14. If 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 3 if changed, or on an appearance of the corporation of the receiver of the same legal effect as if made under the control of the corporation of t if changed, or on an attachment with an address. MAL MULTU UNE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE:

1/19/96 8/34428882