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February 9, 1994

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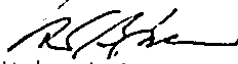
Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Gentlemen:

Enclosed please find original and one (1) copy of the Articles of Incorporation for filing from TRIMARCHI ASSOCIATES, INC.. Also enclosed is a check in the amount of \$70.00 for the filing fee. Kindly stamp the copy as received and return with your letter in the enclosed self addressed, stamped envelope.

Thank you.

Sincerely yours:


Hubert B. Shenkin, Esq.
HBS:ndp
Encl.

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ARTICLES OF INCORPORATION
OF
TRIMARCHI ASSOCIATES, INC.

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TALL.

THE UNDERSIGNED, for the purpose of forming a corporation under the Florida General Corporation Act hereby adopt the following articles of incorporation.

ARTICLE I

The name of the corporation shall be:

TRIMARCHI ASSOCIATES, INC.

ARTICLE II

The corporation shall commence to be in existence upon the filing of these Articles of Incorporation by the Department of State of the State of Florida and the term of existence shall be perpetual.

ARTICLE III

The corporation may transact any and all lawful business for which corporations may be incorporated under the Florida General Corporation Act.

ARTICLE IV

The aggregate number of shares that the corporation shall have authority to issue is 500 shares, all of which shall be common shares with individual par value of \$1.00.

ARTICLE V

The street address of the initial registered office of the corporation shall be 21000 BOCA RIO ROAD, SUITE 18 A, BOCA RATON, FL 33433 the name of the initial registered agent at that address shall be ANTHONY TRIMARCHI.

Anthony Trimarchi 2-8-95
ANTHONY TRIMARCHI

ARTICLE VI

The initial Board of Directors of the Corporation shall consist of one member:

ANTHONY TRIMARCHI, 21000 BOCA RIO ROAD, SUITE 18 A
BOCA RATON, FL 33433

ARTICLE VII

The address of the principal office of this Corporation shall be:

21000 BOCA RIO ROAD, SUITE 18 A, BOCA RATON, FL 33433

ARTICLE VIII

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 8 day of February, 1995.

Anthony Trimarchi

ANTHONY TRIMARCHI, Incorporator
21000 BOCA RIO ROAD, SUITE 18A
BOCA RATON, FL 33433

STATE OF FLORIDA)

COUNTY OF PALM BEACH)

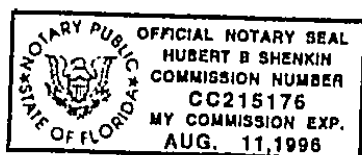
I HEREBY CERTIFY that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared ANTHONY TRIMARCHI known to me to be the person described in and who executed the foregoing instrument, who acknowledged before me that he executed the same, that I relied upon the following form of identification of the above-named person: personally known, and that an oath was taken.

Witness my hand and official seal in the County and State last aforesaid this 8 day of February, A.D. 1995.

My Commission Expires:

Hubert B. Shenkin
Notary Signature

Hubert B. Shenkin
Printed Notary Signature
My Commission Number is:



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STATE OF FLORIDA
DEPARTMENT OF STATE

The following is submitted, in compliance with Chapter,
46 C.F.S. Florida Statutes.

TRIMARCHI ASSOCIATES, INC.

a corporation organizing under the laws of the State of Florida
with its principal office located at 2100 BOCA RIO ROAD, SUITE
18 A, BOCA RATON, FL 33433 has named ANTHONY TRIMARCHI, located
at 21000 BOCA RIO ROAD, SUITE 18 A, BOCA RATON, FL 33433, as its
agent to accept service of process within this State.

NAME	TITLE	SPECIFIC ADDRESS
OFFICERS		
ANTHONY TRIMARCHI	Pres.	21000 BOCA RIO ROAD, SUITE 18A BOCA RATON, FL 33433
DIRECTORS:		
ANTHONY TRIMARCHI		21000 BOCA RIO ROAD, SUITE 18A BOCA RATON, FL 33433

ACCEPTANCE:

I agree as Resident Agent to accept Service of Process: to
keep office open during prescribed hours; to post my name (and
any other officers of said corporation authorized to accept
service of process at above Florida designated address) in some
conspicuous place in the office as required by law.

Anthony Trimarchi

ANTHONY TRIMARCHI
21000 BOCA RIO ROAD, SUITE 18A
BOCA RATON, FL 33433

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra H. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000012747 (8)

1. Corporation Name

TRIMARCHI ASSOICATES, INC.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT

9600

Principal Place of Business		Mailing Address	
21000 BOCA RIO RD. SUITE 18A BOCA RATON FL 33433		21000 BOCA RIO RD. SUITE 18A BOCA RATON FL 33433	
2. Principal Place of Business		2a. Mailing Address	
21 2298 BOCA RATON BLVD		26 2298 BOCA RATON BLVD	
State, Apt. #, etc.		State, Apt. #, etc.	
22 Suite 18		27 Suite 18	
City & State		City & State	
23 BOCA RATON		28 BOCA RATON	
Zip		Zip	
24 33433		29 33431	
Country		Country	
30		31	
3. Date Incorporated or Qualified			
02/13/1995			
3a. Date of Last Report			
Applied For			
Not Applicable			
4. F.I.T. Number			
65-056311			
5. Certificate of Status Desired			
8. Election Campaign Financing			
Trust Fund Contribution			
9. This corporation has liability for intangible tax under s. 100.032, Florida Statutes			
Yes No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
TRIMARCHI, ANTHONY		81 Name	
21000 BOCA RIO RD.		82 Street Address (P.O. Box Number is Not Acceptable)	
SUITE 18A		83	
BOCA RATON FL 33433		84 City	
2298 BOCA RATON BLVD		85 Zip Code	
Suite 18		FL	
BOCA RATON FL		86	
33431		87	

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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: Anthony Trimarchi Secretary 7-13-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE		1.1 TITLE	
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY - ST - ZIP		14 CITY - ST - ZIP	
2. TITLE		2.1 TITLE	
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY - ST - ZIP		24 CITY - ST - ZIP	
3. TITLE		3.1 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
4. TITLE		4.1 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
5. TITLE		5.1 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
6. TITLE		6.1 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 118.07(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: Anthony Trimarchi Secretary 7-13-96 407-483-8125

CR2E034 (12/95)