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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000012747 (8)

1. Corporation Name

TRIMARCHI ASSOICATES, INC.

96 DEC -5 PM 12: 28

SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT 96ew

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

2a 2298 Boca Raton Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 18

27 Suite 18

City & State

City & State

23 BOCA RATON

28 BOCA RATON

Zip

Country

Zip

Country

24 33433

25

29 33431

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TRIMARCHI, ANTHONY

~~21000 BOCA RIO RD.~~

~~SUITE 18A~~

~~BOCA RATON FL 33433~~

2298 BOCA RATON Blvd
Suite 18
BOCA RATON FL
33431

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

Anthony Trimarchi

Secretary

7-13-96

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME TRIMARCHI, ANTHONY
STREET ADDRESS 21000 BOCA RIO RD., SUITE 18A
CITY - ST - ZIP BOCA RATON FL 33433

TITLE
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CITY - ST - ZIP

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CITY - ST - ZIP

1. 1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2. 1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3. 1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4. 1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5. 1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6. 1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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)(4), 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

7-13-96

407-483-8125

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #