

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

FILED

96 DEC -5 PM 12: 28

SECRETARY OF STATE TALLAHASSEE FLORIDA



REINSTATEMENT 96ew

DOCUMENT # P95000012747 (8)

1. Corporation Name TRIMARCHI ASSOICATES, INC.

Principal Place of Business 21000 BOCA RIO RD. SUITE 18A BOCA RATON FL 33433 Mailing Address 21000 BOCA RIO RD. SUITE 18A BOCA RATON FL 33433

3. Date Incorporated or Qualified 02/13/1995 3a. Date of Last Report

2. Principal Place of Business 21 2298 BOCA RATON Blvd Suite, Apt. #, etc. 18 City & State BOCA RATON Zip 33433 Country 25 2a. Mailing Address 22 2298 BOCA RATON Blvd Suite, Apt. #, etc. 18 City & State BOCA RATON Zip 33431 Country 30

4. FEI Number 65-056311 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent TRIMARCHI, ANTHONY 21000 BOCA RIO RD. SUITE 18A BOCA RATON FL 33433 2298 BOCA RATON Blvd suite 18 BOCA RATON FL 33431

10. Name and Address of New Registered Agent 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 Charles Trimarchi Secretary 7-13-96 DATE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 900002022309--6 -12/06/96--01067--027 1.4 CITY - ST - ZIP ****225.00 ***225.00 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 900002022309--6 -12/06/96--01067--028 2.4 CITY - ST - ZIP ****150.00 ***150.00 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: Charles Trimarchi Secretary 7-13-96 407-483-8125 DATE DAYTIME PHONE #

CR2E034 (12/95)