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FILED  
May 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000012747 (8)

1. Corporation Name  
TRIMARCHI ASSOICATES, INC.



Principal Place of Business

2298 BOCA RATON BLVD  
SUITE 18  
BOCA RATON FL 33431

Mailing Address

2298 BOCA RATON BLVD  
SUITE 18  
BOCA RATON FL 33431-7458

2. Principal Place of Business

21 8333 BERMUDA SOUND WAY

Suite, Apt. #, etc.

22 BOYNTON BEACH,

City & State

23

Zip

24 33436

Country

25 P.B.

2a. Mailing Address

26 8333 BERMUDA SOUND WAY

Suite, Apt. #, etc.

27 BOYNTON BEACH

City & State

28

Zip

29 33436

Country

30 P.B.

9. Name and Address of Current Registered Agent

TRIMARCHI, ANTHONY

2298 BOCA RATON BLVD 8333 BERMUDA SOUND  
SUITE 18 BOYNTON BEACH FL  
BOCA RATON FL 33431 33436

3. Date Incorporated or Qualified

02/13/1995

3a. Date of Last Report

12/05/1996

4. FEI Number

65-0563111

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

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME TRIMARCHI, ANTHONY

STREET ADDRESS 21000 BOCA RIO RD., SUITE 18A

CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☐ DELETE

NAME TRIMARCHI, ANTHONY

STREET ADDRESS 8333 BERMUDA SOUND WAY

CITY-ST-ZIP BOYNTON BEACH, FL 33436

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Pres

4-29-97

CR2E034 (9/96)