

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000024317 (6)
1. Corporation Name
TRIVEST EQUITIES, INC.

Principal Place of Business
2665 SOUTH BAYSHORE DRIVE
SUITE 800
MIAMI FL 33133

Mailing Address
2665 SOUTH BAYSHORE DRIVE
SUITE 800
MIAMI FL 33133



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/27/1995	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0577030	
24 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

KLEIN, PETER W
2665 SOUTH BAYSHORE DRIVE
SUITE 800
MIAMI FL 33133

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DCOB	<input type="checkbox"/> DELETE	1.1 TITLE	Sr. VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	PHILLIP T. GEORGE		1.2 NAME	William F. Kacyznski			
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE 8TH FLOOR		1.3 STREET ADDRESS	2665 S. Bayshore Drive, 8th Fl			
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Miami, FL			
TITLE	DVPM	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	Sr. VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	BROCKWAY, PETER C.		2.2 NAME	Derek A. McDowell			
STREET ADDRESS	2665 S BAYSHORE DR STE 800		2.3 STREET ADDRESS	2665 S. Bayshore Drive, 8th Fl			
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Miami, FL			
TITLE	DPC	<input type="checkbox"/> DELETE	3.1 TITLE	Sr. VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	POWELL, EARL W.		3.2 NAME	Troy D. Templeton			
STREET ADDRESS	2665 S BAYSHORE DR STE 800		3.3 STREET ADDRESS	2665 S. Bayshore Drive, 8th Fl			
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	Miami, FL			
TITLE	VPMS	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KLEIN, PETER W.		4.2 NAME				
STREET ADDRESS	2665 S BAYSHORE DR, STE 800		4.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP				
TITLE	VPT	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ANDERSON, B. JAY		5.2 NAME				
STREET ADDRESS	2665 S BAYSHORE DR STE 800		5.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP				
TITLE	AS	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KUFFNER, MARILYN D.		6.2 NAME				
STREET ADDRESS	2665 S BAYSHORE DR STE 800		6.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP				

14. I 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:

M. Kuffner

Marilyn D. Kuffner, Asst. Sec

4-28-98

305/658-2800

CR2E034 (10/97)