

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 <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000024470 (3)**  
1. Corporation Name  
**TRIVEST II, INC.**

Principal Place of Business <b>2665 SOUTH BAYSHORE DRIVE SUITE 800 MIAMI FL 33133</b>	Mailing Address <b>2665 SOUTH BAYSHORE DRIVE SUITE 800 MIAMI FL 33133</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>03/27/1995</b>	
				4. FEI Number <b>65-0575855</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input 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	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent Signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	COB	1.1 TITLE	COB/D
NAME	GEORGE, PHILLIP T MD	1.2 NAME	Phillip T. George, M.D.
STREET ADDRESS	2665 S BAYSHORE DR 8TH FLOOR	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	1.4 CITY-ST-ZIP	
TITLE	PCEO	2.1 TITLE	P/CEO/D
NAME	POWELL, EARL W	2.2 NAME	Earl W. Powell
STREET ADDRESS	2665 S BAYSHORE DR SUITE 800	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	2.4 CITY-ST-ZIP	
TITLE	EVP	3.1 TITLE	SrVP
NAME	BROCKWAY, PETER C	3.2 NAME	William F. Kaczynski
STREET ADDRESS	2665 S BAYSHORE DR SUITE 800	3.3 STREET ADDRESS	2665 S. Bayshore Drive, 8th Floor
CITY-ST-ZIP	MIAMI FL 33133	3.4 CITY-ST-ZIP	Miami, FL
TITLE	VPGC	4.1 TITLE	SrVP
NAME	KLEIN, PETER W	4.2 NAME	Derek A. McDowell
STREET ADDRESS	2665 S BAYSHORE SUITE 800	4.3 STREET ADDRESS	2665 S. Bayshore Drive, 8th Floor
CITY-ST-ZIP	MIAMI FL 33133	4.4 CITY-ST-ZIP	Miami, FL 33133
TITLE	VPTC	5.1 TITLE	SrVP
NAME	ANDERSON, B. JAY	5.2 NAME	Troy D. Templeton
STREET ADDRESS	2665 S BAYSHORE SUITE 800	5.3 STREET ADDRESS	2665 S. Bayshore Drive, 8th Floor
CITY-ST-ZIP	MIAMI FL 33133	5.4 CITY-ST-ZIP	Miami, FL
TITLE	AS	6.1 TITLE	
NAME	KUFFNER, MARILYN D	6.2 NAME	
STREET ADDRESS	2665 S. BAYSHORE DRIVE SUITE 800	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	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: \_\_\_\_\_

\_\_\_\_\_, Marilyn D. Kuffner, Asst. Sec.

4-28-98

305-858-2200

CR2E034 (10/97)