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

DOCUMENT # **P95000053150 (5)**

1. Corporation Name
TRINITY PROPERTIES, INC.

Principal Place of Business
8495 TWIN LAKE DRIVE
BOCA RATON FL 33496

Mailing Address
8495 TWIN LAKE DRIVE
BOCA RATON FL 33496

3. Date Incorporated or Qualified: 07/11/1995
3a. Date of Last Report:

4. FEI Number: 65-0594299 — [ ] 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 [X] No

2. Principal Place of Business
21 | 2901 Clint Moore Rd
Suite, Apt. #, etc.
22 | Suite 338
City & State
23 | Boca Raton FL
Zip
24 | 33496
Country
25 | USA

2a. Mailing Address
26 | 2901 Clint Moore Rd
Suite, Apt. #, etc.
27 | Suite 338
City & State
28 | Boca Raton FL
Zip
29 | 33496
Country
30 | USA

9. Name and Address of Current Registered Agent

AUERBACHER, STEVEN M
5200 TOWN CENTER CIRCLE
SUITE 401
BOCA RATON FL 33486

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] President — 4/3/96
Signature, typed or printed name of registered agent and title if applicable — DATE

12. OFFICERS AND DIRECTORS		
TITLE	D	[ ] DELETE
NAME	WILLIAMS, STEPHEN D	
STREET ADDRESS	8495 TWIN LAKE DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33496	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] Stephen D Williams, President — 4/3/96 — 407/394-9535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)