

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

FILED

Apr 24 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 # P96000080044 (6)

1. Corporation Name:

TRIVEST PRINCIPALS FUND II, INC.



Principal Place of Business 2665 SOUTH BAYSHORE DRIVE #800 MIAMI FL 33133	Mailing Address 2665 SOUTH BAYSHORE DRIVE #800 MIAMI FL 33133-5448
---	--

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/26/1996	3a. Date of Last Report
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	4. FEI Number 65-0696618	Applied For Not Applicable
25	26	27	28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
29	30	31	32	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent KLEIN, PETER W 2665 SOUTH BAYSHORE DRIVE #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	
85 Zip Code		FL	

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	<input type="checkbox"/> DELETE	1.1 TITLE	DMEVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Brockway, Peter C.
STREET ADDRESS		1.3 STREET ADDRESS	2665 S. Bayshore Dr., Suite 800
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Miami, FL 33133
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	DC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	George, Phillip T. (M.D.)
STREET ADDRESS		2.3 STREET ADDRESS	2665 S. Bayshore Dr., Suite 800
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Miami, FL 33133
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	DPCEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Powell, Earl W.
STREET ADDRESS		3.3 STREET ADDRESS	2665 S. Bayshore Dr., Suite 800
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami, FL 33133
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	SVPS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Klein, Peter W.
STREET ADDRESS		4.3 STREET ADDRESS	2665 S. Bayshore Dr., Suite 800
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Miami, FL 33133
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	VPT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Anderson, B. Jay
STREET ADDRESS		5.3 STREET ADDRESS	2665 S. Bayshore Dr., Suite 800
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Miami, FL 33133
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Kuffner, Marilyn D.
STREET ADDRESS		6.3 STREET ADDRESS	2665 S. Bayshore Dr., Suite 800
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Miami, FL 33133

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), 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.

Marilyn D. Kuffner, Assistant Secretary

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305/858-2200

0179320

CR2E034 (9/96)