

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
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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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/26/1996

4. FEI Number

65-0696618

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

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

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.05(2) and 607.15(8), 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 607.05(5), Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DMEV	<input checked="" type="checkbox"/> DELETE
NAME	BROCKWAY, PETER C.	
STREET ADDRESS	2665 S BAYSHORE DR STE 800	
CITY-ST-ZIP	MIAMI FL	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	GEORGE, PHILLIP T. (M.	
STREET ADDRESS	2665 S BAYSHORE DR STE 800	
CITY-ST-ZIP	MIAMI FL	
TITLE	DPCE	<input type="checkbox"/> DELETE
NAME	POWELL, EARL W.	
STREET ADDRESS	2665 S BAYSHORE DR STE 800	
CITY-ST-ZIP	MIAMI FL	
TITLE	SVPS	<input type="checkbox"/> DELETE
NAME	KLEIN, PETER W.	
STREET ADDRESS	2665 S BAYSHORE DR STE 800	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	ANDERSON, B. JAY	
STREET ADDRESS	2665 S BAYSHORE DR STE 800	
CITY-ST-ZIP	MIAMI FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	KRFFNER, MARILYN D.	
STREET ADDRESS	2665 S BAYSHORE DR STE 800	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Sr. VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	William F. Kaczynski	
1.3 STREET ADDRESS	2665 S. Bayshore Drive, 8th Fl	
1.4 CITY-ST-ZIP	Miami, FL	
2.1 TITLE	SrVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Derek A. McDowell	
2.3 STREET ADDRESS	2665 S. Bayshore Drive, 8th Fl	
2.4 CITY-ST-ZIP	Miami, FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0261579

CR2E034 (10/97)