


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

FILED  
Mar 03, 1999 8:00 am  
Secretary of State

03-03-1999 90049 021 \*\*\*150.00

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|   |   |  |
|---|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # **P97000074358**

1. Corporation Name  
**TRIFINITY INC.**



|   |   |
|---|---|
| Principal Place of Business<br>P O BOX 781044<br>ORLANDO FL 32878 | Mailing Address<br>P O BOX 781044<br>ORLANDO FL 32878 |
|---|---|

DO NOT WRITE IN THIS SPACE

|   |  |   |  |   |  |   |  |
|---|--|---|--|---|--|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country<br>24 |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country<br>29  |  | 3. Date Incorporated or Qualified<br><b>08/27/1997</b>                          |  | 4. FEI Number<br><b>59-3465049</b><br>Applied For<br>Not Applicable |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | 8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  | 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   |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> |  | \$5.00 May Be Added to Fees   |  |

9. Name and Address of Current Registered Agent

DEYOUNG, DANIEL A  
1820 CRESCENT BLVD  
ORLANDO FL 32817

10. Name and Address of New Registered Agent

81 Name **Daniel DeYoung**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1820 Crescent Blvd**  
83  
84 City **Orlando** FL 85 Zip Code **32817**

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

**DANIEL A. DEYOUNG**  
Signature, typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

**2/2/99**

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | D <input checked="" type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ROBINSON, JAMES W                            | 1.2 NAME  |   |
| STREET ADDRESS             | 3201 NE 5TH AVE.                             | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | BOCA RATON FL                                | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input type="checkbox"/> DELETE            | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | DEYOUNG, DANIEL A                            | 2.2 NAME  |   |
| STREET ADDRESS             | 1820 CRESCENT BLVD                           | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | ORLANDO FL 32817                             | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE              | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 3.2 NAME  |   |
| STREET ADDRESS             |  | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE              | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 4.2 NAME  |   |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE              | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 5.2 NAME  |   |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE              | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 6.2 NAME  |   |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/2/99** **4072089788**  
Date Daytime Phone #

CR2E034 (1/98)