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 # **S81591** **(7)**

1. Corporation Name

TRIA CAPITA, INC.

Principal Place of Business

20 SOUTH BROAD ST
BROOKSVILLE FL 34601
US

Mailing Address

P O BOX 485
BROOKSVILLE FL 34605
US

3. Date Incorporated or Qualified: **09/20/1991**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-3114095** [ ] 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. Does corporation have liability for intangible tax under s. 199.032, Florida Statutes? [X] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

HOGAN, THOMAS S. JR.
20 SOUTH BROAD STREET
BROOKSVILLE FL 34601

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 Section 607.0502 and 607.0505, 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

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	BOOTH, JAMES W.	
STREET ADDRESS	P.O. BOX 616 N/A	
CITY-ST-ZIP	SPARTA GA 31087-0616	
TITLE	D	[ ] DELETE
NAME	HOGAN, THOMAS S.	
STREET ADDRESS	P.O. BOX 485 N/A	
CITY-ST-ZIP	BROOKSVILLE FL 34605	
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-TITLE	[ ] Change	[ ] Addition
1-NAME		
1-STREET ADDRESS		
1-CITY-ST-ZIP		
2-TITLE	[ ] Change	[ ] Addition
2-NAME		
2-STREET ADDRESS		
2-CITY-ST-ZIP		
3-TITLE	[ ] Change	[ ] Addition
3-NAME		
3-STREET ADDRESS		
3-CITY-ST-ZIP		
4-TITLE	[ ] Change	[ ] Addition
4-NAME		
4-STREET ADDRESS		
4-CITY-ST-ZIP		
5-TITLE	[ ] Change	[ ] Addition
5-NAME		
5-STREET ADDRESS		
5-CITY-ST-ZIP		
6-TITLE	[ ] Change	[ ] Addition
6-NAME		
6-STREET ADDRESS		
6-CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this report is accurate and 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 is added in Block 13 per instructions.

SIGNATURE: [signature] 3-27-96 352-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Phone #

CR2E034 (12/95)