

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V03482 (9)**

1. Corporation Name
TRINITY ONE CORP.



Principal Place of Business: P.O. BOX 401 OPA LOCKA FL 33054
Mailing Address: P.O. BOX 401 OPA LOCKA FL 33054

2. Principal Place of Business (21-24) and Mailing Address (25-30) details including Suite, Apt. #, City & State, Zip, and Country.

3. Date Incorporated or Qualified: 12/27/1991
3a. Date of Last Report: 04/18/1995
4. FEI Number: 65-0315448
5. Certificate of Status Desired: [] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [] \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [X] Yes [] No

9. Name and Address of Current Registered Agent

SCHNECK, DON O.
1326 JANN AVENUE
OPA LOCKA FL 33054

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. The corporation hereby accepts the appointment of 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 or director (if applicable)

(201) Registered Agent Signature (if applicable)

Date

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12. TITLE: PD	[] DELETE	13. 1. TITLE:	[] Change [] Addition
NAME: SCHNECK, CLAIRE E.		2. NAME:	
STREET ADDRESS: 1326 JANN AVE.		3. STREET ADDRESS:	
CITY-ST-ZIP: OPA LOCKA FL		4. CITY-ST-ZIP:	
TITLE: VD	[] DELETE	5. TITLE:	[] Change [] Addition
NAME: MCNEIL, CASSANDRA S.		6. NAME:	
STREET ADDRESS: 1326 JANN AVE.		7. STREET ADDRESS:	
CITY-ST-ZIP: OPA LOCKA FL		8. CITY-ST-ZIP:	
TITLE: STD	[] DELETE	9. TITLE:	[] Change [] Addition
NAME: SCHNECK, DON J.		10. NAME:	
STREET ADDRESS: 1326 JANN AVE.		11. STREET ADDRESS:	
CITY-ST-ZIP: OPA LOCKA FL		12. CITY-ST-ZIP:	
TITLE:	[] DELETE	13. TITLE:	[] Change [] Addition
NAME:		14. NAME:	
STREET ADDRESS:		15. STREET ADDRESS:	
CITY-ST-ZIP:		16. CITY-ST-ZIP:	
TITLE:	[] DELETE	17. TITLE:	[] Change [] Addition
NAME:		18. NAME:	
STREET ADDRESS:		19. STREET ADDRESS:	
CITY-ST-ZIP:		20. CITY-ST-ZIP:	
TITLE:	[] DELETE	21. TITLE:	[] Change [] Addition
NAME:		22. NAME:	
STREET ADDRESS:		23. STREET ADDRESS:	
CITY-ST-ZIP:		24. 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 199.07(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: *Claire E. Schneck* - CLAIRE E. SCHNECK, PRES. 4-5-96 (305) 688-2526
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)