


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

**FILED**  
**Apr 10 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Morley**  
 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 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24 25 29 30

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

9. Name and Address of Current Registered Agent

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

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 \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCHNECK, CLAIRE E.	
STREET ADDRESS	1326 JANN AVE.	
CITY - ST - ZIP	OPA LOCKA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MCNEIL, CASSANDRA S.	
STREET ADDRESS	1326 JANN AVE.	
CITY - ST - ZIP	OPA LOCKA FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	SCHNECK, DON J.	
STREET ADDRESS	1326 JANN AVE.	
CITY - ST - ZIP	OPA LOCKA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

3. Date Incorporated or Qualified  
**12/27/1991**

3a. Date of Last Report  
**04/11/1996**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21.2 NAME	
21.3 STREET ADDRESS	
21.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31.2 NAME	
31.3 STREET ADDRESS	
31.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41.2 NAME	
41.3 STREET ADDRESS	
41.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51.2 NAME	
51.3 STREET ADDRESS	
51.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61.2 NAME	
61.3 STREET ADDRESS	
61.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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: *Claire E. Schneck* **CLAIRE E. SCHNECK**

Date: **4/5/97** Daytime Phone #: **688-2526**



CR2E034 (9/96)