

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 7:49

DOCUMENT # V45997

(6)

1. Corporation Name

TRIVEST 1992 S.F. MANAGER, INC.

Principal Place of Business

% PETER W. KLEIN
2665 S. BAYSHORE DR., #801
MIAMI FL 33133

Mailing Address

% PETER W. KLEIN
2665 S. BAYSHORE DR., #801
MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/25/1992

3a. Date of Last Report

04/26/1994

4. FEI Number

65-0342464

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

8. This corporation has liability for intangible tax under S. 199.032?

Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KLEIN, PETER W.
2665 S. BAYSHORE DR.
#801
MIAMI FL 33133

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 607.1506, 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

Signature (typed or printed name of registered agent and filer's agent, if any)

(NOTE: Registered Agent signature required when necessary)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

DR
POWELL, EARL W.
2665 S. BAYSHORE DR., #801
MIAMI FL

14 TITLE
15 NAME
16 STREET ADDRESS
17 CITY, ST, ZIP

D/P/CEO
Earl W. Powell
2665 South Bayshore Drive, Suite 800
Miami, Florida 33133

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

DC
GEORGE, PHILLIP T.
2665 S. BAYSHORE DR., #801
MIAMI FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

~~VS~~
~~BRUMFIELD, CRAIG A.~~
~~2665 S. BAYSHORE DR., #801~~
~~MIAMI FL 33133~~

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

VS
KLEIN, PETER W
2665 SO. BAYSHORE DR. #801
MIAMI FL 33133

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TAVS
ANDERSON, BRYSON JAY
2665 SO. BAYSHORE DR. #801
MIAMI FL 33133

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

☐ Change

☐ Addition

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 119.07(3)(b), 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 applicable or on an attachment with an affidavit.

Peter W. Klein, Secretary and Vice President

SIGNATURE:

03/07/95

(305)858-2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR