


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

FILED

Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33133-5482
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/25/1992	3a. Date of Last Report 04/12/1996
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number 65-0342464	Applied For Not Applicable
25. Suite, Apt. #, etc.	26. City & State	27. Zip	28. Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent KLEIN, PETER W. 2665 S. BAYSHORE DR. #801 MIAMI FL 33133		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83. City		84. 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
DPCE	POWELL, EARL W.		
2665 S BAYSHORE DR #800	MIAMI FL	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
DC	GEORGE, PHILLIP T.	2.1 TITLE	2.2 NAME
2665 S. BAYSHORE DR, #801	MIAMI FL	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
VS	KLEIN, PETER W	3.1 TITLE	3.2 NAME
2665 SO. BAYSHORE DR. #801	MIAMI FL 33133	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TAVS	ANDERSON, BRYSON JAY	4.1 TITLE	4.2 NAME
2665 SO. BAYSHORE DR. #801	MIAMI FL 33133	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
AS	Kuffner, Marilyn D.	5.1 TITLE	5.2 NAME
2665 S. Bayshore Drive, 8th Floor	Miami, FL 33133	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
SVP	Templeton, Troy, D.	6.1 TITLE	6.2 NAME
2665 S. Bayshore Drive, 8th Floor	Miami, FL 33133	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption state in Section 19.07201, 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____
Date _____ Daytime Phone # _____

CR2E034 (9/96)