

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **460872** (5)

1. Corporation Name

**TRI, INC.**



Principal Place of Business

Mailing Address

10147-A W. OAKLAND PARK BLVD.  
SUNRISE FL 33351  
US

10147-A W. OAKLAND PARK BLVD.  
SUNRISE FL 33351  
US

2. Principal Place of Business

2a. Mailing Address

21 10001 N.W. 50th St.

26 10001 N.W. 50th St.

22 Suite 201H

27 Suite 201H

City & State

City & State

23 Sunrsie, FL

28 Sunrise, FL

Zip

Country

Zip

Country

24 33351

25 Broward

29 33351

30 Broward

9. Name and Address of Current Registered Agent

3. Date incorporated or Qualified

3a. Date of Last Report

09/10/1974

05/01/1995

4. FEI Number

59-1677874

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. This corporation has liability for intangible tax under s. 190.032  
Florida Statutes  Yes  No

10. Name and Address of New Registered Agent

LEIBOWITZ, PATRICIA

10147-A W. OAKLAND PARK BLVD. 10001 N.W. 50th St.  
SUNRISE FL 33351

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of New Registered Agent

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
TV	LEIBOWITZ, PATRICIA	10147 W. OAKLAND PARK BLVD.	SUNRISE FL	<input type="checkbox"/>
P	STRING, ALEC	10147 W. OAKLAND PARK BLVD.	SUNRISE FL	<input type="checkbox"/>
S	LEIBOWITZ, PATRICIA	10147 W. OAKLAND PARK BLVD.	SUNRISE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
11		10001 N.W. 50th Street		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12		10001 N.W. 50th Street		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13		10001 N.W. 50th Street		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)(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 617, 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

6-21-96 954-746-7548

CR2E034 (3/96)