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APPROVED AND FILED

23 MAY - 1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995 *5195*
FLORIDA DEPARTMENT OF STATE
Sandra B. Mortman
Secretary of State
DIVISION OF CORPORATIONS *B-6554 C*

DOCUMENT # **J53412 (9)**
1. Corporation Name
TRI DEVELOPMENT OF ORLANDO, INC.

Principal Place of Business Mailing Address
% C T CORPORATION SYSTEM
8751 WEST BROWARD BLVD.
PLANTATION FL 33324-2630
% C T CORPORATION SYSTEM
8751 WEST BROWARD BLVD.
PLANTATION FL 33324-2630

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified **01/26/1987**
3a. Date of Last Report **02/04/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 3000 N. Atlantic Avenue	26 c/o Young & McManus, S.C.	39-1582247	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
22 Suite 205	27 710 N. Plankinton Ave., #1200	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 Cocoa Beach, FL	28 Milwaukee, WI	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 32931	25 USA	29 53203	30 USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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 the registered agent or the corporation's registered agent (signature required after recording)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZILBER, JOSEPH J.	1.2 NAME	JANZ, JAMES F.
STREET ADDRESS	710 N. PLANKINTON AVE.	1.3 STREET ADDRESS	710 N. PLANKINTON AVE., #1200
CITY, ST, ZIP	MILWAUKEE WI	1.4 CITY, ST, ZIP	MILWAUKEE, WI 53203
TITLE	P	2.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WIGCHERS, ARTHUR W.	2.2 NAME	CHEVALIER, STEPHAN J.
STREET ADDRESS	710 N. PLANKINTON AVE.	2.3 STREET ADDRESS	710 N. PLANKINTON AVE., #1200
CITY, ST, ZIP	MILWAUKEE WI	2.4 CITY, ST, ZIP	MILWAUKEE, WI 53203
TITLE	VP	3.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEIN, GERALD	3.2 NAME	MADIGAN, MARK S.
STREET ADDRESS	710 N. PLANKINTON AVE.	3.3 STREET ADDRESS	710 N. PLANKINTON AVE., #1200
CITY, ST, ZIP	MILWAUKEE WI	3.4 CITY, ST, ZIP	MILWAUKEE, WI 53203
TITLE	VPS	4.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YOUNG, JAMES B.	4.2 NAME	ZORDANI, JAN M.
STREET ADDRESS	710 N. PLANKINTON AVE.	4.3 STREET ADDRESS	710 N. PLANKINTON AVE., #1200
CITY, ST, ZIP	MILWAUKEE WI	4.4 CITY, ST, ZIP	MILWAUKEE, WI 53203
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAUN, ROBERT E.	5.2 NAME	
STREET ADDRESS	710 N. PLANKINTON AVE.	5.3 STREET ADDRESS	
CITY, ST, ZIP	MILWAUKEE WI	5.4 CITY, ST, ZIP	
TITLE	VP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORRIS, JAMES D.	6.2 NAME	
STREET ADDRESS	710 N. PLANKINTON AVE.	6.3 STREET ADDRESS	
CITY, ST, ZIP	MILWAUKEE WI	6.4 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 319.07(2)(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. I am an officer or director of the corporation or the receiver or trustee (if appointed) to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 1, if changed, or on an attachment with an address.

SIGNATURE: *Mark S. Madigan*
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDS OFFICER OR DIRECTOR
Mark S. Madigan, Assistant Secretary
Date: **April 18, 1995** (414) 274-2433