

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

FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J53412 (9)
 1. Corporation Name
TRI DEVELOPMENT OF ORLANDO, INC.



Principal Place of Business 3000 N. ATLANTIC AVE. STE 205 COCOA BEACH FL 32931 US	Mailing Address % YOUNG & MCMANUS. SC 710 N. PLANKINTON AVE. #1200 MILWAUKEE WI 53203 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	c/o Young & Madigan, S.C.	01/26/1987	
22	City & State	27	710 N. Plankinton Ave., #1200	4. FEI Number	
23	Zip	28	Milwaukee, WI	39-1582247	Applied For
24	Country	29	53203		Not Applicable
		30	US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
			8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		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 AVENUE, #1200		
CITY-ST-ZIP	MILWAUKEE WI			1.4 CITY-ST-ZIP	MILWAUKEE, WI 53203		
TITLE	P	<input type="checkbox"/> DELETE		2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WIGCHERS, ARTHUR W.			2.2 NAME	GRANDLICH, JOHN R.		
STREET ADDRESS	710 N. PLANKINTON AVE.			2.3 STREET ADDRESS	710 N. PLANKINTON AVENUE, #1200		
CITY-ST-ZIP	MILWAUKEE WI			2.4 CITY-ST-ZIP	MILWAUKEE, WI 53203		
TITLE	VD	<input type="checkbox"/> DELETE		3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	STEIN, GERALD			3.2 NAME	CHEVALIER, STEPHAN J.		
STREET ADDRESS	710 N. PLANKINTON AVE.			3.3 STREET ADDRESS	710 N. PLANKINTON AVENUE, #1200		
CITY-ST-ZIP	MILWAUKEE WI			3.4 CITY-ST-ZIP	MILWAUKEE, WI 53203		
TITLE	VPS	<input type="checkbox"/> DELETE		4.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	YOUNG, JAMES B.			4.2 NAME	MADIGAN, MARK S.		
STREET ADDRESS	710 N. PLANKINTON AVE.			4.3 STREET ADDRESS	710 N. PLANKINTON AVENUE, #1200		
CITY-ST-ZIP	MILWAUKEE WI			4.4 CITY-ST-ZIP	MILWAUKEE, WI 53203		
TITLE	VP	<input type="checkbox"/> DELETE		5.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BRAUN, ROBERT E.			5.2 NAME	DELISLE, SANDRA J.		
STREET ADDRESS	710 N. PLANKINTON AVE.			5.3 STREET ADDRESS	710 N. PLANKINTON AVENUE, #1200		
CITY-ST-ZIP	MILWAUKEE WI			5.4 CITY-ST-ZIP	MILWAUKEE, WI 53203		
TITLE	VP	<input type="checkbox"/> DELETE		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 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.

Mark S. Madigan
 Assistant Secretary 1/28/98 (414) 274-2433

CR2E034 (10/97)