

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N94000006264 (5)**

1. Corporation Name

**TRI COUNTY BUSINESS ASSOCIATES, INC.**



Principal Place of Business

Mailing Address

**3700 NW 124TH AVENUE STE. 108  
CORAL SPRINGS FL 33065**

**3700 NW 124TH AVENUE STE. 108  
CORAL SPRINGS FL 33065**

3. Date Incorporated or Qualified

**12/23/1994**

3a. Date of Last Report

**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

**21 800 CORPORATE DR**

**26 800 CORPORATE DR**

4. FEI Number

**APPLIED FOR**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 STE. 602**

**27 STE. 602**

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

City & State

City & State

**23 FT. LAUDERDALE, FL**

**28 FT. LAUDERDALE, FL**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

**24 33334**

**25 BROWARD**

**29 33334**

**30 BROWARD**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KAISER, JEFFREY P ESQ.  
9825 WEST SAMPLE ROAD STE. 201  
CORAL SPRINGS FL 33065**

**81 Name HOWARD B. NADEL ESQ.**

**82 Street Address (P.O. Box Number is Not Acceptable)**

**800 CORPORATE DR**

**83 STE. 602**

**84 City FT LAUDERDALE , FL 85 Zip Code 33334**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable

*SECRETARY*

(NOTE: Registered Agent signature required when reappointing)

*1/24/96*

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D  
NAME MILLER, JOSEPH  
STREET ADDRESS 23257 STATE ROAD 7 STE. 102  
CITY-ST-ZIP BOCA RATON FL 33428**

TITLE ☐ DELETE

**D  
NAME KOPPERL, SIDNEY  
STREET ADDRESS 1750 UNIVERSITY DRIVE  
CITY-ST-ZIP CORAL SPRINGS FL 33071**

TITLE ☒ DELETE

**D  
NAME SEIDNER, DAVID  
STREET ADDRESS 8184 WILES ROAD  
CITY-ST-ZIP CORAL SPRINGS FL 33067**

TITLE ☐ DELETE

**D  
NAME BROWNSTEIN, ARNOLD  
STREET ADDRESS 3700 NW 124TH AVENUE STE. 108  
CITY-ST-ZIP CORAL SPRINGS FL 33065**

TITLE ☒ DELETE

**D  
NAME SONSKY, AUSTIN DR.  
STREET ADDRESS 8124 WILES ROAD  
CITY-ST-ZIP CORAL SPRINGS FL 33067**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**D  
NAME BEDICK, JARED  
STREET ADDRESS 8202 WILES ROAD  
CITY-ST-ZIP CORAL SPRINGS, FL 33067**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

**D  
NAME POLLOCK, RICHARD  
STREET ADDRESS 7797 N. UNIVERSITY DR  
CITY-ST-ZIP TAMARAC, FL 33321**

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**D  
NAME EDELSTEIN, MEL  
STREET ADDRESS P.O. BOX 25052  
CITY-ST-ZIP TAMARAC, FL 33320**

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

*SECRETARY*

*1/24/96*

Date

*954 755 2790*

Daytime Phone #

CR2E037 (12/95)