


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 23, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000006264					
1. Corporation Name TRI COUNTY BUSINESS ASSOCIATES, INC.					
Principal Place of Business 800 CORPORATE DRIVE SUITE 602 FT. LAUDERDALE FL 33334 US			Mailing Address 800 CORPORATE DRIVE SUITE 602 FT. LAUDERDALE FL 33334 US		



2. Principal Place of Business 21 800 CORPORATE DR Suite, Apt. #, etc. 22 420 City & State 23 FT. LAUDERDALE, FL Zip 24 33334 Country 25 US		2a. Mailing Address 26 800 CORPORATE DR Suite, Apt. #, etc. 27 420 City & State 28 FT. LAUDERDALE, FL Zip 29 33334 Country 30 US		3. Date Incorporated or Qualified 12/23/1994	
		4. FEI Number 59-2013295		Applied For <input type="checkbox"/> Not Applicable	
		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	
9. Name and Address of Current Registered Agent NADEL, ESQ H B 800 CORPORATE DRIVE SUITE 602 FT. LAUDERDALE FL 33334					
10. Name and Address of New Registered Agent 81 Name HOWARD B. NADOL 82 Street Address (P.O. Box Number is Not Acceptable) 800 CORPORATE DRIVE 83 SUITE 420 84 City FOAT 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 Howard B. Nadol DATE 1/13/99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWNSTEIN, ARNOLD	1.2 NAME	
STREET ADDRESS	3700 NW 124 AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	BEDICK, MARED <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEDICK, MARED	2.2 NAME	8202 WILES RD
STREET ADDRESS	8202 WILES ROAD	2.3 STREET ADDRESS	CORAL SPRINGS, FL 33067
CITY-ST-ZIP	CORAL SPRINGS FL 33067	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	ROBIN, FERNE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBIN, FERNE	3.2 NAME	11412 WEST SAMPLE ROAD
STREET ADDRESS	11406 WEST SAMPLE ROAD	3.3 STREET ADDRESS	CORAL SPRINGS, FL 33065
CITY-ST-ZIP	CORAL SPRINGS FL 33065	3.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	WALTER HOFFMANN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOLL, ELLIOTT	4.2 NAME	10436 W. ATLANTIC BLVD
STREET ADDRESS	2061 UNIVERSITY DR	4.3 STREET ADDRESS	CORAL SPRINGS, FL 33071
CITY-ST-ZIP	CORAL SPRINGS FL 33065	4.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMARCO, DAWN	5.2 NAME	
STREET ADDRESS	11171 NW 36 CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	5.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDELSTEIN, MEL	6.2 NAME	
STREET ADDRESS	6635 N COMMERCIAL BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33319	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1/13/99 954 755 2790

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)