FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # 234687 (2)

1. Corporation Name
TRI-STATE ENTERPRISES INC

Principal Place of Business
3600 JACOB STREET
WHEELING, WV. 26003

Mailing Address
3600 JACOB STREET
WHEELING, WV. 26003

3. Date Incorporated or Qualified: 03/23/1960
3a. Date of Last Report: 01/31/1995
4. FEI Number: 59-1158621 — 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. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 1101 Cordova RD
22 Suite, Apt. #, etc.
23 City & State: Ft Lauderdale Fla
24 Zip: 33316
25 Country

2a. Mailing Address
26 1101 Cordova RD
27 Suite, Apt. #, etc.
28 City & State: FTL. Fla
29 Zip: 33316
30 Country: USA

9. **Name and Address of Current Registered Agent**

~~ZEKAN, ROBERT P~~
~~837 S.W. 20TH CT.~~
~~FT. LAUDERDALE FL 33315~~

10. **Name and Address of New Registered Agent**

81 Name: Lee Burgess
82 Street Address (P.O. Box Number is Not Acceptable): 1101 Cordova RD
83
84 City: Ft Lauderdale Fla FL
85 Zip Code: 33316

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: Lee Burgess President   DATE: March 15-96

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	BURGESS,B L	
STREET ADDRESS	3608 JACOB STREET	
CITY-ST-ZIP	WHEELING, W.VIRGINIA	
TITLE	S	☐ DELETE
NAME	BURGESS,EUNICE	
STREET ADDRESS	3608 JACOB STREET	
CITY-ST-ZIP	WHEELING W.VIRGINIA	
TITLE	T	☐ DELETE
NAME	BURGESS,B L	
STREET ADDRESS	3608 JACOB STREET	
CITY-ST-ZIP	WHEELING W.VIRGINIA	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Same	☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Same	☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Same	☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	700001754527 03/22/96--01103--002 ***200.00	☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: B L Burgess — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 305-966-0505
Date Daytime Phone #
S 3-22-96

CR2E034 (12/95)