

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 # 406438 (2)

1. Corporation Name

T & I LAND INVESTMENT, INC.



Principal Place of Business

902 CLINT MOORE RD., STE. 126  
BOCA RATON FL 33487

Mailing Address

902 CLINT MOORE RD., STE. 126  
BOCA RATON FL 33487

3. Date Incorporated or Qualified  
06/06/1972

3a. Date of Last Report  
03/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1411468

Applied For

Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

23

City & State

28

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

24

Zip

Country

29

Zip

Country

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

BILLINGTON, BARRY P  
1201 EAST ATLANTIC BLVD.  
SUITE 103  
POMPANO BEACH FL 33060-7493

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ST ☒ DELETE  
NAME THOMAS, JAMES B  
STREET ADDRESS 2323 NE 26TH AVE 105  
CITY, ST, ZIP POMPANO BCH, FL 00000

TITLE VD ☐ DELETE  
NAME TRINGALI, JOHN M.  
STREET ADDRESS 1415 FAN PALM ROAD  
CITY, ST, ZIP BOCA RATON FL

TITLE VD ☐ DELETE  
NAME INTRAVALA, CARMELO  
STREET ADDRESS 6 MOREL CIR  
CITY, ST, ZIP WAKEFIELD, MASS 00000

TITLE VD ☐ DELETE  
NAME ZACCAGNINI, ELEANOR  
STREET ADDRESS 6869 VIENTO WAY  
CITY, ST, ZIP BOCA RATON, FL 00000

TITLE D ☐ DELETE  
NAME INTRAVALA, DOMINIC  
STREET ADDRESS 6 MOREL CIR  
CITY, ST, ZIP WAKEFIELD, MA 00000

TITLE P ☐ DELETE  
NAME TRINGALI, S. JAMES  
STREET ADDRESS 725 NE 36TH ST.  
CITY, ST, ZIP BOCA RATON FL

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 VDS  
2.3 STREET ADDRESS TRINGALI, JOHN M.  
2.4 CITY, ST, ZIP 1415 FAN PALM RD.  
BOCA RATON, FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY, ST, ZIP

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME VDT  
4.3 STREET ADDRESS ZACCAGNINI, ELEANOR  
4.4 CITY, ST, ZIP 6869 VIENTO WAY  
BOCA RATON, FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY, ST, ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)