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Mar 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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	Mailing Address
902 Clint Moore Rd. Suite 126 Boca Raton, FL 33487	902 Clint Moore Rd. Suite 126 Boca Raton, FL 33487

3. Date Incorporated or Qualified: 08/08/1972

3a. Date of Last Report: 02/27/1996

2. Principal Place of Business — 21 | 2a. Mailing Address — 26

Street, Apt. #, etc. — 22 | Suite, Apt. #, etc. — 27

City & State — 23 | City & State — 28

Zip — 24 | Country — 25 | Zip — 29 | Country — 30

4. FEI Number: 59-1411468 ☐ 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

9. Name and Address of Current Registered Agent

Billington, Barry P
1201 E. Atlantic Blvd.
Suite 103
Pompano Beach, FL 33060

10. Name and Address of New Registered Agent

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: (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VDS ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Tringali, John M.	1.2 NAME	
STREET ADDRESS	1415 Fan Palm Rd.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, FL	1.4 CITY-ST-ZIP	
TITLE	PD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Tringali, S. James	2.2 NAME	
STREET ADDRESS	725 NE 36th St.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, FL	2.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Intravaia, Carmelo	3.2 NAME	
STREET ADDRESS	6 Morel Circle	3.3 STREET ADDRESS	
CITY-ST-ZIP	Wakefield, MA	3.4 CITY-ST-ZIP	
TITLE	VDT ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	Zaccagnini, Eleanor	4.2 NAME	
STREET ADDRESS	6869 Viento Way	4.3 STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, FL	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	Intravaia, Dominic	5.2 NAME	
STREET ADDRESS	6 Morel Circle	5.3 STREET ADDRESS	000002124190
CITY-ST-ZIP	Wakefield, MA	5.4 CITY-ST-ZIP	-03/26/97--01002--015
TITLE	☐ DELETE	6.1 TITLE	***165.00 ☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 a director or officer 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 with an address.

SIGNATURE: John Tringali 3/18/97 994-3440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #