

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90035 027 ***150.00

DOCUMENT # 516997

1. Corporation Name

TRIESTER INTERNATIONAL REALTY CORPORATION

Principal Place of Business

111 PRESIDENTIAL BOULEVARD, SUITE 230
BALA CYNWYD PA 19004

Mailing Address

111 PRESIDENTIAL BOULEVARD, SUITE 230
BALA CYNWYD PA 19004

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/21/1976

4. FEI Number

59-1697244

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 owes the current year Intangible

Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TRIESTER, STANTON L.
100 & 101 SEABREEZE BOULEVARD
DAYTONA BEACH FL 32118

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD ☐ DELETE

NAME TRIESTER, STANTON L.
STREET ADDRESS 111 PRESIDENTIAL BL, #230
CITY-ST-ZIP BALA CYNWYD PA

TITLE S ☐ DELETE

NAME NORSWORTHY, JEAN
STREET ADDRESS 111 PRESIDENTIAL BL, #230
CITY-ST-ZIP BALA CYNWYD PA

TITLE VP ☐ DELETE

NAME MAISTO, VINCENT
STREET ADDRESS 35 KINGS HIGHWAY EAST
CITY-ST-ZIP HADDONFIELD NJ

TITLE VP ☐ DELETE

NAME TRIESTER, SONIA C
STREET ADDRESS 35 KINGS HIGHWAY EAST, 112
CITY-ST-ZIP HADDONFIELD NJ

TITLE AS ☐ DELETE

NAME CARAPUCCI, DENISE
STREET ADDRESS 35 KINGS HWY E
CITY-ST-ZIP HADDONFIELD NJ

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/99

Date

(610) 667-5400

Daytime Phone

CR2E034 (11/98)