

200 FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 636554 (8)

1. Corporation Name
TRI-STAR CONSTRUCTION CORPORATION



Principal Place of Business: 1276 LELAND DRIVE YORKTOWN HEIGHTS NY 10598
Mailing Address: 1276 LELAND DRIVE YORKTOWN HEIGHTS NY 10598

3. Date Incorporated or Qualified: 09/18/1979
3a. Date of Last Report: 01/31/1995
4. FEI Number: 09-4361810
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 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country; 25
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country; 30

9. Name and Address of Current Registered Agent: LABRICCIOA, VINCENT 8769 S.E. RIVERFRONT TERRACE TEQUESTA FL 33469
10. Name and Address of New Registered Agent: 81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83; 84 City; 85 Zip Code (FL)

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
12.1 TITLE: PDS	<input type="checkbox"/> DELETE	13.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME: COSENTINO, PETER		13.2 NAME:	
12.3 STREET ADDRESS: 1276 LELAND DRIVE		13.3 STREET ADDRESS:	
12.4 CITY, ST, ZIP: YORKTOWN HEIGHTS NY		13.4 CITY, ST, ZIP:	
12.5 TITLE: VTD	<input type="checkbox"/> DELETE	13.5 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME: LABRICCIOA, VINCENT		13.6 NAME:	
12.7 STREET ADDRESS: 104 STEPHENSON TERR.		13.7 STREET ADDRESS:	
12.8 CITY, ST, ZIP: BRIARCLIFF MANOR NY		13.8 CITY, ST, ZIP:	
12.9 TITLE:	<input type="checkbox"/> DELETE	13.9 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME:		13.10 NAME:	
12.11 STREET ADDRESS:		13.11 STREET ADDRESS:	
12.12 CITY, ST, ZIP:		13.12 CITY, ST, ZIP:	
12.13 TITLE:	<input type="checkbox"/> DELETE	13.13 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 NAME:		13.14 NAME:	
12.15 STREET ADDRESS:		13.15 STREET ADDRESS:	
12.16 CITY, ST, ZIP:		13.16 CITY, ST, ZIP:	
12.17 TITLE:	<input type="checkbox"/> DELETE	13.17 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 NAME:		13.18 NAME:	
12.19 STREET ADDRESS:		13.19 STREET ADDRESS:	
12.20 CITY, ST, ZIP:		13.20 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: *Peter Cosentino Pres.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/96 914 7471100
DATE AND TELEPHONE NUMBER

CR2E034 (12/95)