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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 666874 (3)

1. Corporation Name

TRISTIMULUS, INC.



Principal Place of Business

3500 GULF BLVD., #312
C/O JOHN E. REYNOLDS
BELLAIRE BEACH FL 34635

Mailing Address

3500 GULF BLVD., #312
C/O JOHN E. REYNOLDS
BELLAIRE BEACH FL 34635

2. Principal Place of Business

2a. Mailing Address

21 19827 Imperial Point Dr.

26 P.O. Box 5706

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Largo, FL 34644

28 Largo, FL

24 Zip

Country

Zip

Country

25 34644

25 Follower

29 34644

30 Follower

9. Name and Address of Current Registered Agent

REYNOLDS, JOHN E.
3500 GULF BLVD., #312
BELLAIRE BEACH FL 34635

81 Name

John E. Reynolds

82 Street Address (P.O. Box Number is Not Acceptable)

19827 Imperial Point Dr. N.

83

84 City

Largo

FL

85 Zip Code

34644

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

John E. Reynolds

Signature, typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when resigning)

4-1-96

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME REYNOLDS MARY P
STREET ADDRESS 3500 GULF BLVD #312
CITY-ST-ZIP BELLAIRE BEACH FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

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

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 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:

Mary P. Reynolds

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/96

(813) 595-3984

DATE

PHONE

CR2E034 (12/95)