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**PROFIT** FLORIDA DEPARTMENT CORPORATION Sandra B. Mort FILED ANNUAL REPORT Socretary of Sta 1997 DIVISION OF CORPOR ONS 97 SEP 11 AM 8: 18 DOCÚMENT # G65253 SECRETARY OF STATE TALLAHASSEE, FLORIDA TRI-COUNTY INDUSTRIES, INC. Principal Place of Business Mailino Address 113 NW 3RD AVE 113 NW 3RD AVE. Dania fl 33004 DAMA FL 33004-2838 3. Date Incorporated or Qualified 3a. Date of Last Report 10/17/1983 04/10/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2332821 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Cou Zip Country htry 8. This corporation has liability for intangible tax under s. 199,032, Yes No 24 30 Florida Statutes 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent SULLIVAN, PAT 81 Name 113 NW 8RD AVE. Street Address (P.O. Box Number is Not Acceptable) DANIA FL 33004 83 City 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 protect name of registered agent and title if applicable (NO1E: Birgistered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PTD DELETE 1 1 TITLE ☐ Change .... Addition TITLE SULLIVAN, PAT NAME 1.2 NAME 113 NW 3RD AVE. 1.3 STREET ADDRESS STREET ADDRESS DANIA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition Change TITLE 21 TRUE 3000022**94683-**--09/16/97--01071--012 NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS \*\*\*\*558.75 \*\*\*\*558.75 CITY-ST-Z 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 34. CITY - ST- 7IP DELETE Change ☐ Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-7IP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP TITLE DOLFTE 6.1 111 (8 Change #.ddition 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filtro 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 appear 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 contraction or the contraction of the contraction or the contraction or the contraction or the contraction of the cont

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