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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **H03395** **(1)**

1. Corporation Name

TRICOR INTERNATIONAL REALTY CORPORATION

Principal Place of Business	Mailing Address
801 DOUGLAS AVENUE 200 ALTAMONTE SPRINGS FL 32714 US	801 DOUGLAS AVENUE 200 ALTAMONTE SPRINGS FL 32714 US

3. Date Incorporated or Qualified: **05/14/1984**
3a. Date of Last Report: **03/13/1995**

2. Principal Place of Business
21: 100 East Sybelia Ave.
Suite, Apt. #, etc.
22: Suite #225
City & State
23: Maitland, Florida
Zip 24: 32751 Country 25: USA

2a. Mailing Address
26: 100 East Sybelia Avenue
Suite, Apt. #, etc.
27: Suite #225
City & State
28: Maitland, Florida
Zip 29: 32751 Country 30: USA

4. FEI Number: **59-2426258** ☐ 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

HAGLE, MARC L.
801 DOUGLAS AVENUE
SUITE 200
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name: Hagle, Marc L.
82 Street Address (P.O. Box Number is Not Acceptable): 100 East Sybelia Avenue
83: Suite #225
84 City: Maitland **FL** 85 Zip Code: 32751

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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: Marc L. Hagle — DATE: 2-2-96
Signature of new registered agent required when reinstating. (Note: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP HAGLE, MARC L. 801 DOUGLAS AVENUE, SUITE 200 ALTAMONTE SPRINGS FL ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition 100 East Sybelia Avenue, Suite #225 Maitland, Florida 32751
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BERGER, JANE 801 DOUGLAS AVENUE, SUITE 200 ALTAMONTE SPRINGS FL ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition 100 East Sybelia Avenue, Suite #225 Maitland, Florida 32751
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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: Marc L. Hagle — 2-2-96 — (407) 629-2040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #