FILE NOW: FILING FEE AFTER MAY 1 IS $225.00 APPROVED

CORPORATION
ANNUAL REPORT
1995

DOCUMENT # H49975 (6)

1. Corporate Name
TRYCON, INC.

Principal Place of Business
2180 WEST SR 434
STE 6184
LONGWOOD FL 32779

Mailing Address
2180 WEST SR 434
STE 6184
LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE

3. Date Incorporated in Quebec: 04/01/1985
3a. Date of Last Report: 06/15/1994

2. Prior Corporate Name
21

2a. Mailing Address
26

Suite, Apt. # or Bldg.
22

Suite, Apt. # or Bldg.
27

City & State
23

City & State
28

24 25 29 30

4. FEI Number: 59-2576681 — 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 does solely for charitable or religious purposes qualify for exemption under Section 501(c)(3) of the Internal Revenue Code and Section 607.0505, Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LUBINSKY, TERRY
2180 W. STATE ROAD, 434
SUITE 6184
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

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 607.0501 and 607.0505, 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. I hereby, as authorized by the corporation's board of directors, hereby accept the appointment as registered agent. I am familiar with and accept the duties of registered agent under Florida Statutes.

Signature

12. OFFICERS AND DIRECTORS

Title	D
Name	LUBINSKY, TERRY
Street Address	2180 W. STATE ROAD 434,, 6184
City, State	LONGWOOD FL
Title	D
Name	CANNON, FRANK J.
Street Address	2180 W. STATE ROAD 434, 6184
City, State	LONGWOOD FL

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

Title	☐ Change ☐ Add/Delete
Name	
Street Address	
City, State	
Title	☐ Change ☐ Add/Delete
Name	
Street Address	
City, State	
Title	☐ Change ☐ Add/Delete
Name	
Street Address	
City, State	
Title	☐ Change ☐ Add/Delete
Name	
Street Address	
City, State	
Title	☐ Change ☐ Add/Delete
Name	
Street Address	
City, State	
Title	☐ Change ☐ Add/Delete
Name	
Street Address	
City, State	

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall constitute an affirmation under the penalties provided for the filing of this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 hereof with an affirmative entry or entries.

SIGNATURE: Terry Lubinsky 4/27/95
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0044784 CP