FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J00462 (8) TRIPOD INVESTMENT CORP.										
Principal Place of Business Mailing Address							Transfer and a string and a string st			
561 HARBOR POINT ROAD 561 HARBOR POINT ROAD										
LONGBOAT KEY FL 34228 LONGBOAT KEY FL 34228							DO NOT WRITE I	N THIS SPACE		
							3. Date Incorporated or Qualified			
							02/21/1986			
			a. Mailing Address				4. FEI Number		pplied For	
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.			int # etc				59-2638792	60 7 5	lot Applicable	
22	27]						5. Certificate of Status Desired	1 1 -	Additional Regulred	
	City & State City & State						6. Election Campaign Financing) May Be	
23		28							to Fees	
Zip	Country Zip			Countr	у		8. This corporation owes or has paid	the current year le	ntangible	
24	25 29			30]	Personal Property Tax due June 30. Yes No			
	9, Name and Address of Curre	ent Registered Ag	jent		7		10. Name and Address of New Regi	stered Agent		
ROBBINS, MARK D. B1					Nam	ne				
581 HARBOR POINT RD.					Stree	et Addres	s (P.O. Box Number is Not Acceptable)		
LONGBOAT KEY FL 34228				83	ļ					
				63	'					
				84	City			FL 85 Zip	Code	
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the about office or registered agent, or both, in the State of Florida Such change was authorized bagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statute.					/O.Demé	ed cornor	ation submits this statement for the num		ite registered	
office or r	egistered agent, or both, in the Stat	e of Florida Such	change was a	uthorized b	y the co	orporation	n's board of directors. I hereby accept	the appointment a	s registered	
	im tamiliar with, and accept the obli	gations of, Section	1 607.0505, FIO	rida Statute	18.					
SIGNATURE	Signature, typed or printed name of registered as	gent and title it applicable	. (NOTE	: Registered Ag	ent signati	ture required	when reinstating)	DATE		
12.	OFFICERS AI	ND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	RS IN 12	
TITLE	DP	DP DELETE		1.1 TITLE				☐ Change	Addition	
NAME	ROBBINS, MARK D.			1.2 NAME						
STREET ADDRESS	561 HARBOR POINT RD.			1.3 STREET ADDRESS		s				
CITY-ST-ZIP	LONGBOAT KEY FL			1.4 CITY - ST - ZIP		<u> </u>				
TITLE	D DELETE		DELETE	2.1 TITLE				Change	Addition	
NAME	ROBBINS, WENDY			2.2 NAME						
STREET ADDRESS	561 HARBOR POINT RD.			2.3 STREET ADDRESS		s			ŀ	
CITY-ST-ZIP	LONGBOAT KEY FL			2. 4 CITY - ST - ZIP					- Interview	
TITLE	. DELETÉ		DELETE	3.1 TITLE				Change	Addition	
NAME				3.2 NAME					}	
STREET ADDRESS				3.3 STREE		s				
CITY-ST-ZIP	Deterve			3.4. CITY-ST-ZIP			Observe	Balalistan		
TITLE		1	DELETE	4.1 TITLE				☐ Change	☐ Addition	
NAME				4. 2 NAME		.			ļ	
STREET ADDRESS				4.3 STREE		s				
CITY-ST-ZIP		- 	DELETE	4.4 City-:	ST-ZIP			Change	Addition	
TITLE		ı	LI DELETE	51 TITLE			•	L) Unailge	L ADDITION	
NAME				5.2 NAME		1			1	

14. I hereby certify that the information supplied with this filing 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 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.

6.2 NAME

DELETE

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

Mark D Robbins 941 383-8079

Change

Addition

FILED

Feb 23 1998 8:00am

Secretary of State