

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

FILED  
Apr 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J53412 (9) 1. Corporation Name TRI DEVELOPMENT OF ORLANDO, INC.
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Principal Place of Business 3000 N. ATLANTIC AVE. STE 205 COCOA BEACH FL 32931 US	Mailing Address % YOUNG & MCMANUS, SC 710 N. PLANKINTON AVE. #1200 MILWAUKEE WI 53203 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 c/o Young & Madigan, S.C. 27 Suite, Apt. #, etc. 27 710 N. Plankinton Ave., #1200 28 City & State 28 Milwaukee, WI 29 Zip Country 29 53203 30 US		3. Date Incorporated or Qualified 01/26/1987	
		4. FEI Number 39-1582247		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		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	
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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 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZILBER, JOSEPH J. 710 N. PLANKINTON AVE. MILWAUKEE WI <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	V JANZ, JAMES F. 710 N. PLANKINTON AVENUE, #1200 MILWAUKEE, WI 53203 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WIGCHERS, ARTHUR W. 710 N. PLANKINTON AVE. MILWAUKEE WI <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	V GRANDLICH, JOHN R. 710 N. PLANKINTON AVENUE, #1200 MILWAUKEE, WI 53203 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEIN, GERALD 710 N. PLANKINTON AVE. MILWAUKEE WI <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	T CHEVALIER, STEPHAN J. 710 N. PLANKINTON AVENUE, #1200 MILWAUKEE, WI 53203 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS YOUNG, JAMES B. 710 N. PLANKINTON AVE. MILWAUKEE WI <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	AS MADIGAN, MARK S. 710 N. PLANKINTON AVENUE, #1200 MILWAUKEE, WI 53203 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRAUN, ROBERT E. 710 N. PLANKINTON AVE. MILWAUKEE WI <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	AS DELISLE, SANDRA J. 710 N. PLANKINTON AVENUE, #1200 MILWAUKEE, WI 53203 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BORRIS, JAMES D. 710 N. PLANKINTON AVE. MILWAUKEE WI <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

Mark S. Madigan  
Assistant Secretary 1/28/98 (414) 274-2433

CR2E034 (10/97)