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

PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90159 024 ***150.00

DOCUMENT # J53412

1. Corpora ion Name

TRI DEVELOPMENT OF ORLANDO, INC.

,							
Principal Place of Business Mailing Address						IOM OLDIN İBBI	
3000 N. ATLANTIC AVE.		710 N. PLANKINTON AVE. #1200 MILWAUKEE WI 53203					
STE 205							
COCOA BEACH FL 32931		US			DO NOT WRITE IN THIS SPACE		
US					3. Date ir corporated or Qualifed		
					01/26/1987		
2. Principal Pl	ace of Business	2a. Mailing Address				p ied For	
21		26			00 1002211	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Re		
22 City 8 Costs		City & State					
City & State		⊢ ′			6. Election Campaign Financing \$5.00 Trust Fund Contribution Added 6		
Zip Country		Zip Country			This corporation owes the current year Intangible	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	25	29 30			Personal Property Tax. XYes []No		
24	9. Name and Address of Current				10. Name and Address of New Registered Agent		
			81	Name			
CT CORPORATION SYSTEM				ļ.,	A Toronto De De Nivel de Maria		
1200	S. PINE ISLAND ROAD		82	Street	acdress (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324			83	 			
			84	City	FL 85 Zip (ode	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the abov	e-named o	ccrporation 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 (lirectors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
agent. i a	m tamiliar with, and accept the obligation	ons or, dection our todos, mark	Ja Statutes			1	
SIGNATUFE	Signature, typed or printed name of registered agent	and title if applicable. (NOT E: F	tegistered Age	nt signature re	required when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTO		
TITLE	D	☐ DELETE	1.1 TITLE		V ☐ Change	Addition	
NAME	ZILBER, JOSEPH J.		1.2 NAME		JANZ. JAMES F.		
STREET ADDRESS	710 N. PLANKINTON AVE.		1.3 STREE	T ADDRESS			
CITY-ST-ZIP			1.4 CITY-S	T-21P	MILWAUKEE, WI 53203		
TITLE	P	☐ DELETE	2.1 TITLE		V ☐ Change	X Addition	
NAME	WIGCHERS, ARTHUR W.	2.2 N			GRANDLICH, JOHN R.		
STREET ADDRESS	710 N. PLANKINTON AVE.		2.3 STREE	T ADDRESS			
CITY-ST-ZIP	MILWAUKEE WI		2. 4 CITY-ST-ZIP		MILWAUKEE, WI 53203		
TITLE	··		. 3.1 TITLE	İ	TR Change	Addition	
NAME	STEIN, GERALD		3.2 NAME		CHEVALIER, STEPHAN J.		
STREET ADORESS	710 N. PLANKINTON AVE.		33 STREE	T ADDRESS			
CITY-ST-ZIP	MILWAUKEE WI		34 CITY-	ST-ZIP	MILWAUKEE, WI 53203	TSZ) A statistical	
TITLE	VPS	☐ DELETE	4 1 TITLE]	AS Change	X Addition	
NAME	YOUNG, JAMES B.		4. 2 NAME	}	MADIGAN, MARK S.		
STREET ADDRI SS			1	TADDRESS			
CITY-ST-ZIP	MILWAUKEE WI		4.4 CITY-5	T-ZIP	MILWAUKEE, WI 53203	Mr Addition	
TITUE.	VP	☐ DELETE	5.1 TITLE	j	AS Change	☆ Addition	
NAME	BRAUN, ROBERT E.		5.2 NAME	T 4000000	DELISLE, SANDRA J.		
STREET ADDRESS	710 N. PLANKINTON AVE.			TADDRESS	710 N. PERMITTION APENDE, WILDO		
CITY-ST-ZIP	MILWAUKEE WI	T on the	5.4 CITY-S 6.1 TITLE	SI-ZIP	MILWAUKEE, WI 53203	F. Addition	
TITLE	VP	DELETE	i .		Change	1-1 Monton	
NAME .	BORRIS, JAMES D.		6.2 NAME	TADODECE			
STREET ADDRI SS	710 N. PLANKINTON AVE.			TADDRESS	1		
CITY-ST-ZIP	MILWAUKEE WI		6.4 CITY-5	si-ZIP			

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0°(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 the my name appears in Block 12 or Block 13 if changer, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mark S. Madigan

Assistant Secretary 1/18/99 (414)274-2433