Apr 20, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # J59114

1. Corporation Name

TRI-COU	INTY MANAGEMENT SERV	ICES, INC.							
Principal Place	e of Business	Mailing Address			, , , , , , , , , , , , , , , , , , ,	• • • • • • • • • • • • • • • • • • • •			
13289 LA MIRADA CIR. WEST PALM BEACH FL 33416		13289 LA MIRADA CIR. West Palm Beach Fl 33416		, 1935. DO	NOT WRI	re in this	SPACE		
		Tay No. 1			3. Date incorporated of 02/18/1987	or Qualifed			
2. Principal Place of Business 2a. Mail		2a. Mailing Address			4. FEI Number			Ar	plied For
21 . All helpain lace of business		26			59-2772169		~ سر ر	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		- 1	5. Certifcate of Status	Desired	III		Additional equired
City & State	e	City & State			6. Election Campaign Trust Fund Contrib		_ ·	\$5.00 Added	May Be to Fees
Zip 24	Country	Zip	Count	ry	8. This corporation ov Personal Property		ent year inti	angible	□No
24	9. Name and Address of Curre				10. Name and Addres		legistered .	Agent	
	J. 1101110 4114 1 1 1 1 1 1 1 1 1 1 1 1 1	-	8	1 Name			-		
GFE	SSER, MICHAEL M.		8	2 Circot Ac	ddress (P.O. Box Number is	Not Assents	hlo		
515 NORTH FEDERAL DRIVE 19TH FLOOR				2 Street Ad	ditess (P.O. Box Number is i	Not Accepta			
			8	3					
1911		<u></u>		}			٠.	<u> </u>	
	PALM BEACH FL 33401		l <u>-</u>	4-00			2	leel 7ie	
W. F			8	,		• •	FL	.	Code
11. Pursuant office or ragent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the State im familiar with, and accept the obligations.	e of Florida. Such change was au	s, the abo	ve-named copy the corpora	orporation submits this staten ation's board of directors. I h	nent for the ereby accer	и ине аррон	changing its	registered
W. F	to the provisions of Sections 607.05 egistered agent, or both, in the State im familiar with, and accept the obligations of the state o	ations of, Section 607.0505, Flori ent and title if applicable. (NOTE: I	es, the about horized bida Statute	ve-named copy the corporates.	uired when reinstating)		DATE	changing its	registered gistered
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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, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ DELETE

Change

Addition