

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
 Aug 07 1997 8:00am
 Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # K73233 (4)

1. Corporation Name
TRI-GOLD ASSOCIATES, INC.



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|---|---|
| Principal Place of Business 2056 IMPERIAL WAY CLEARWATER FL 34624 US | Mailing Address 2056 IMPERIAL WAY CLEARWATER FL 34624 US |
|---|---|

DO NOT WRITE IN THIS SPACE

| | |
|--|---|
| 2. Principal Place of Business 21 3021 COUNTRYSIDE BLVD | 2a. Mailing Address 26 3021 COUNTRYSIDE BLVD |
| Suite, Apt. #, etc. 22 UNIT 22A | Suite, Apt. #, etc. 27 UNIT 22A |
| City & State 23 CLEARWATER, FL. | City & State 28 CLEARWATER, FL. |
| Zip 24 33761 | Country 25 PINELLAS |
| Zip 29 33761 | Country 30 PINELLAS |

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|--|--|
| 3. Date Incorporated or Qualified 04/01/1989 | 3a. Date of Last Report 05/01/1996 |
| 4. FEI Number 59-2943434 | Applied For <input type="checkbox"/> 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 type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--|--|
| 9. Name and Address of Current Registered Agent YAGEL, RUSSELL A PA KIMBRELL & HAMANN, PA 799 BRICKELL PLAZA, STE 900 MIAMI FL 33131 | |
|--|--|

| | |
|---|----|
| 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 607.0502 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|-------------------------------------|
| TITLE | STD <input type="checkbox"/> DELETE |
| NAME | BENTER, DALE |
| STREET ADDRESS | ROUTE 2, BOX 2100 N/A |
| CITY-ST-ZIP | ALPHA GA |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | BEDFORD, MAURICE |
| STREET ADDRESS | 2056 IMPERIAL WAY |
| CITY-ST-ZIP | CLEARWATER FL |
| TITLE | PD <input type="checkbox"/> DELETE |
| NAME | FORDYCE, LARRY |
| STREET ADDRESS | 13065 NEW PROVIDENCE ROAD |
| CITY-ST-ZIP | ALPHARETTA GA |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | BEDFORD, MAURICE |
| 2.3 STREET ADDRESS | 3021 COUNTRYSIDE BLVD., #22A |
| 2.4 CITY-ST-ZIP | CLEARWATER, FL. 33761 |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do 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.

MAURICE F. BEDFORD JULY 31, 1997 813-791-3564

CR2E034 (4/97)