

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Martham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M31739** (9)

1. Corporation Name
TRIEQUITY CAPITAL CORP.



Principal Place of Business

**700 SO OCEAN BLVD
STE 1106
BOCA RATON FL 33432
US**

Mailing Address

**700 SO GLEAN BLVD
STE 1106
BOCA RATON FL 33432
US**

3. Date Incorporated or Qualified
05/08/1986

3a. Date of Last Report
01/25/1995

2. Principal Place of Business

2a. Mailing Address

21 **700 SOUTH OCEAN BLVD**

4. FEI Number
59-2701873

Applied For
Not Applicable

22 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 Suite 1106
City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BAUM, NORMAN
23276 COSTA DEL SOL BLVD
BOCA RATON FL 33433**

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 607.0509 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 the corporation

12. Registered Agent Signature and Address

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
HIRSCH, HERB
700 SO OCEAN BLVD, STE 1106
BOCA RATON FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VDS
BAUM, NORMAN
23276 COSTA DEL SOL BLVD
BOCA RATON FL**

☐ DELETE

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HERBERT HIRSCH

3/12/96

407-877-3338

Date

Daytime Phone

CR2E034 (12/95)