FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 28 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M32442** **(9)**

1. Corporation Name

TRI-STAR DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
630 US HWY. ONE SUITE 403 N. PALM BEACH FL 33408 US	P.O. BOX 14485 NORTH PALM BEACH FL 33408-0485 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/22/1986**

3a. Date of Last Report: **04/21/1994**

2. Principal Place of Business — 21:

Suite, Apt. #, etc. — 22:

City & State — 23:

Zip — 24: Country — 25:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 27:

City & State — 28:

Zip — 29: Country — 30:

4. FEI Number: **59-2677781** ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

GIBBS, RONALD L.
18870 PAINTED LEAF COURT
JUPITER FL 33458

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	11 TITLE	☐ Change ☐ Addition
NAME	BYRNE, THOMAS F.	12 NAME	
STREET ADDRESS	8 KING STREET, EAST	13 STREET ADDRESS	
CITY-ST-ZIP	TORONTO, CAN	14 CITY-ST-ZIP	
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	DICKIE, PAUL	22 NAME	
STREET ADDRESS	514 CHARTWELL ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	ONTARIO, CANADA	24 CITY-ST-ZIP	
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	GIBBS, RONALD L.	32 NAME	
STREET ADDRESS	18870 PAINTED LEAF CT.	33 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	34 CITY-ST-ZIP	
TITLE	DCE	41 TITLE	☐ Change ☐ Addition
NAME	WILSON, JIM	42 NAME	
STREET ADDRESS	14440 CHERRY LANE CT.	43 STREET ADDRESS	
CITY-ST-ZIP	LAUREL MD	44 CITY-ST-ZIP	
TITLE	AS	51 TITLE	☐ Change ☐ Addition
NAME	LYNCH, COLLEEN A	52 NAME	
STREET ADDRESS	630 US HWY ONE	53 STREET ADDRESS	
CITY-ST-ZIP	N PALM BCH FL	54 CITY-ST-ZIP	
TITLE	DV	61 TITLE	☐ Change ☐ Addition
NAME	PATTON, GEORGE	62 NAME	
STREET ADDRESS	514 CHARTWELL RD	63 STREET ADDRESS	
CITY-ST-ZIP	ONTARIO, CAN	64 CITY-ST-ZIP	

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, typed on an attachment with no alteration.

SIGNATURE: _____ 3-7-95 407 863-5605
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

0247081 CP