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Mar 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M32442 (9)

1. Corporation Name
TRI-STAR DEVELOPMENT, INC.

Principal Place of Business
630 US HWY. ONE
SUITE 403
N. PALM BEACH FL 33408
US

Mailing Address
P.O. BOX 14485
NORTH PALM BEACH FL 33408-0485
US



3. Date Incorporated or Qualified 05/22/1986
3a. Date of Last Report 06/27/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2677781	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	<input type="checkbox"/>
Zip	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24	29		
Country	Country		
25	30		

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYRNE, THOMAS F.	1.2 NAME	
STREET ADDRESS	8 KING STREET, EAST	1.3 STREET ADDRESS	
CITY-ST-ZIP	TORONTO, CAN	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKIE, PAUL	2.2 NAME	
STREET ADDRESS	514 CHARTWELL ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ONTARIO, CANADA	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBBS, RONALD L.	3.2 NAME	
STREET ADDRESS	18870 PAINTED LEAF CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	3.4 CITY-ST-ZIP	
TITLE	DCE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, JIM	4.2 NAME	
STREET ADDRESS	14440 CHERRY LANE CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAUREL MD	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALIE, DONALD	5.2 NAME	
STREET ADDRESS	630 US HWY ONE	5.3 STREET ADDRESS	
CITY-ST-ZIP	N PALM BCH FL 33408	5.4 CITY-ST-ZIP	
TITLE	DV	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTON, GEORGE	6.2 NAME	
STREET ADDRESS	514 CHARTWELL RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	ONTARIO, CAN	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.

SIGNATURE

CR2E034 (9/96)