

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **M67438** (5)
1. Corporation Name
TRIED CONSTRUCTION & DEVELOPMENT CORPORATION

Principal Place of Business 5901 NORTH EAST 7TH AVE. BOCA RATON FL 33487-4556		Mailing Address 5901 NORTH EAST 7TH AVE. BOCA RATON FL 33487-3902	
2. Principal Place of Business 21 750 NW 16th TER.		2a. Mailing Address 26 PO BOX 2032	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23 STUART, FL		City & State 28 STUART, FL	
Zip 24 334994	Country 25	Zip 29 334995	Country 30
9. Name and Address of Current Registered Agent CASSATLY, EDWARD 5901 NORTH EAST 7TH AVE. BOCA RATON FL 33487			

3. Date Incorporated or Qualified 02/04/1988	3a. Date of Last Report 04/10/1996
4. FEI Number 65-0025661	Applied For 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 <input type="checkbox"/>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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	
<p><input type="checkbox"/> DELETE</p> <p>P CASSATEY, EDWARD 2680 SOUTH OCEAN BLVD 3-D BOCA RATON FL</p>		<p><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p><i>EDWARD CASSATLY</i></p>	
<p><input type="checkbox"/> DELETE</p>		<p>1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP</p>	
<p><input type="checkbox"/> DELETE</p>		<p>2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP</p>	
<p><input type="checkbox"/> DELETE</p>		<p>3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP</p>	
<p><input type="checkbox"/> DELETE</p>		<p>4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP</p>	
<p><input type="checkbox"/> DELETE</p>		<p>5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP</p>	
<p><input type="checkbox"/> DELETE</p>		<p>6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP</p>	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-97 361-362-8287

Date

Daytime Phone #

0336779

CR2E034 (9/96)