

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N15736 (4)

1. Corporation Name
TRI-COUNTY BONDING ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3800 SO JOHN YOUNG PARKWAY STE A ORLANDO FL 32839 US	P.O. BX 140 ORLANDO FL 32801 US

2. Principal Place of Business	2a. Mailing Address
21 3708 S. JOHN YOUNG PKWY Suite, Apt. #, etc.	26 3708 S. JOHN YOUNG PKWY Suite, Apt. #, etc.
22 C	27 C
23 ORLANDO FL City & State	28 ORLANDO FL City & State
24 32839 Zip	29 32839 Zip
25 USA Country	30 USA Country

3. Date Incorporated or Qualified	07/07/1986
4. FEI Number	26-3783790
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
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

MACHULES, JOSEPH
3800 SO JOHN YOUNG PKWY.
STE A
ORLANDO FL 32839

10. Name and Address of New Registered Agent

81 Name	JOHN VON ACHEN
82 Street Address (P.O. Box Number is Not Acceptable)	3708 S. JOHN YOUNG PKWY
83	C
84 City	ORLANDO
85 Zip Code	FL 32839

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *John Von Achen* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT - D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACHULES, JOE	1.2 NAME	JOHN VON ACHEN
STREET ADDRESS	3800 SO JOHN YOUNG PKWY. STE A	1.3 STREET ADDRESS	3708 S. JOHN YOUNG PKWY C
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	ORLANDO FL 32839
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT - D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, GEORGE	2.2 NAME	ART TOMLINSON
STREET ADDRESS	2911 39TH STREET	2.3 STREET ADDRESS	3708 S. JOHN YOUNG PKWY
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	ORLANDO FL 32839
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	SECRETARY - D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGEL, SUZANNE	3.2 NAME	LINDA MACHULES
STREET ADDRESS	411 EAST JACKSON ST. STE 103	3.3 STREET ADDRESS	3800 S. JOHN YOUNG PKWY A
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	ORLANDO, FL 32839
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	ALLEN, NOLA	4.2 NAME	
STREET ADDRESS	3800 S JOHN YOUNG PKWY #B	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	DV <input checked="" type="checkbox"/> DELETE	5.1 TITLE	
NAME	TROMBINO, TERRY	5.2 NAME	
STREET ADDRESS	2201 S. FRENCH AVE, STE 4	5.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL	5.4 CITY-ST-ZIP	
TITLE	DV <input checked="" type="checkbox"/> DELETE	6.1 TITLE	
NAME	WHEELER, BILL	6.2 NAME	
STREET ADDRESS	750 OFFICE PLAZA BLVD, STE 304	6.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	6.4 CITY-ST-ZIP	

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John Von Achen* SIGNATURE REQUIRED

FILED

98 NOV -2 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E037 (10/97)

400002684544--2
-11/10/98--01054--011
*****61.25 *****61.25

B. 98 MAR 11/5/98