

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N45599

(0)

1. Corporation Name

TRI-CON ALLIANCE, INC.



Principal Place of Business

Mailing Address

17560 ATLANTIC BLVD
(416)
SUNNY ISLES FL 33160
US

17560 ATLANTIC BLVD
(416)
SUNNY ISLES FL 33160
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 25 Country

29 Zip 30 Country

9. Name and Address of Current Registered Agent

BAVLY, HARRY
18011 BISCAYNE BLVD.
N MIAMI BEACH FL 33160-2515

3. Date Incorporated or Qualified

10/16/1991

3a. Date of Last Report

01/30/1995

4. FBI Number

65-0289337

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

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 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

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

(NOTE: Register

Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE

NAME MANNING, MARVIN
STREET ADDRESS 17560 ATLANTIC BLVD.
CITY-ST-ZIP SUNNY ISLES FL

TITLE SD ☐ DELETE

NAME BAVLY, HARRY
STREET ADDRESS 18011 BISCAYNE BLVD.
CITY-ST-ZIP NO. MIAMI BCH FL

TITLE VD ☐ DELETE

NAME SHANE, SHERWOOD J.
STREET ADDRESS 1860 N.E. 169TH ST.
CITY-ST-ZIP SUNNY ISLES FL

TITLE VD ☐ DELETE

NAME SHERMAN, DR. LEONARD H.
STREET ADDRESS 545 OAKS LANE
CITY-ST-ZIP POMPANO BEACH FL

TITLE VD ☐ DELETE

NAME MEISEL, JAY
STREET ADDRESS 3303 ARUBA WAY
CITY-ST-ZIP COCONUT CREEK FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1. TITLE ☐ Change ☐ Addition

1 NAME

1 STREET ADDRESS

1 CITY-ST-ZIP

2 TITLE ☐ Change ☐ Addition

2 NAME

2 STREET ADDRESS

2 CITY-ST-ZIP

3 TITLE ☐ Change ☐ Addition

3 NAME

3 STREET ADDRESS

3 CITY-ST-ZIP

4 TITLE ☐ Change ☐ Addition

4 NAME

4 STREET ADDRESS

4 CITY-ST-ZIP

5 TITLE ☐ Change ☐ Addition

5 NAME

5 STREET ADDRESS

5 CITY-ST-ZIP

6 TITLE ☐ Change ☐ Addition

6 NAME

6 STREET ADDRESS

6 CITY-ST-ZIP

6 TITLE ☐ Change ☐ Addition

6 NAME

6 STREET ADDRESS

6 CITY-ST-ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I 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: MARYIN MANNING

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/96 Date

(805) 932-8376 Daytime Phone #

CR2E037 (12/95)