

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Oct 07 1998 8:00am
Secretary of State

DOCUMENT # N94000006264 (5)

1. Corporation Name

TRI COUNTY BUSINESS ASSOCIATES, INC.



Principal Place of Business

Mailing Address

800 CORPORATE DRIVE
SUITE 602
FT. LAUDERDALE FL 33334
US

800 CORPORATE DRIVE
SUITE 602
FT. LAUDERDALE FL 33334
US

3. Date Incorporated or Qualified

12/23/1994

4. FEI Number

59-2013295

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NADEL, ESQ H B
800 CORPORATE DRIVE
SUITE 602
FT. LAUDERDALE FL 33334

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: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME MILLER, JOSEPH
STREET ADDRESS 23257 STATE ROAD 7 STE. 102
CITY-ST-ZIP BOCA RATON FL 33428

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME ARNOLD BROWNSTEIN
1.3 STREET ADDRESS 3700 NW 124th AVE
1.4 CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE D ☒ DELETE
NAME KOPPERL, SIDNEY
STREET ADDRESS 1750 UNIVERSITY DRIVE
CITY-ST-ZIP CORAL SPRINGS FL 33071

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME JARED BEDICK
2.3 STREET ADDRESS 8202 WILES ROAD
2.4 CITY-ST-ZIP CORAL SPRINGS, FL 33067

TITLE D ☒ DELETE
NAME BEDICK, JARED
STREET ADDRESS 8202 WILES ROAD
CITY-ST-ZIP CORAL SPRINGS FL

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME FERNIE ROBIN
3.3 STREET ADDRESS 11406 WEST GARDEN ROAD
3.4 CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE D ☒ DELETE
NAME BROWNSTEIN, ARNOLD
STREET ADDRESS 3700 NW 124TH AVENUE STE. 108
CITY-ST-ZIP CORAL SPRINGS FL 33065

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME ELLIOTT STOLL
4.3 STREET ADDRESS 2061 UNIVERSITY DR
4.4 CITY-ST-ZIP CORAL SPRING FL 33065

TITLE D ☒ DELETE
NAME CORY, NADINE
STREET ADDRESS 953 UNIVERSITY DRIVE
CITY-ST-ZIP CORAL SPRINGS FL

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME ANNA DE MARCO
5.3 STREET ADDRESS 11171 NW 36 CT
5.4 CITY-ST-ZIP CORAL SPRING, FL 33065

TITLE D ☒ DELETE
NAME ZOUER, ANDREA
STREET ADDRESS P.O BOX 771244 N/A
CITY-ST-ZIP CORAL SPRINGS FL

6.1 TITLE D ☐ Change ☒ Addition
6.2 NAME MEL EDELSTEIN
6.3 STREET ADDRESS 6635 W COMMERCIAL AVE
6.4 CITY-ST-ZIP TAMPA, FL 33309

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 correct address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ARNOLD BROWNSTEIN

7/8/98

954-753-7032

CR2E037 (5/98)