

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000009100 (8)

1. Corporation Name:

TRISIS CORPORATION

Principal Place of Business

900 N E 3RD AVE
FT LAUDERDALE FL 33304

Mailing Address

900 N E 3RD AVE
FT LAUDERDALE FL 33304

2. Principal Place of Business

2a. Mailing Address

21	Subs. Acct. #, etc.	26	Subs. Acct. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

9. Name and Address of Current Registered Agent

STANLEY, ROBERT J
8964 STATE RD 84
DAVE FL 33324

3. Date incorporated or organized

12/02/1992

3a. Date of Last Report

01/31/1995

4. F.I.I. Number

65-0375935

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. 190.032,
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
85	Zip Code

FL

11. Pursuant to the provisions of Sections 602.02(1) and 602.03(1)(a), Florida Statutes, the above named corporation makes 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, thereby accept the appointment as registered agent. I am familiar with and accept the duties of Secretary of State, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. TITLE	D	☐ DEFEIT
2. NAME	STANLEY, ROBERT	
3. STREET ADDRESS	8964 STATE ROAD 84	
4. CITY, ST, ZIP	DAVE FL 33324	
5. TITLE		☐ DEFEIT
6. NAME		
7. STREET ADDRESS		
8. CITY, ST, ZIP		
9. TITLE		☐ DEFEIT
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		☐ DEFEIT
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		

13.

ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	☐ Change ☐ Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	☐ Change ☐ Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	☐ Change ☐ Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	☐ Change ☐ Addition
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I do hereby certify that the information reported on this report is true and correct and does not conflict with the provisions of Section 190.03(1)(a), Florida Statutes. Further, I do hereby certify that the information reported on this report is true and correct and that my signature shall have the same legal effect as if it were made by the person or persons named on this report. I am authorized to execute this report in accordance with the provisions of Chapter 602, Florida Statutes, and that my name appears in Book 12 or Book 13 of changes of officers and directors with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)