

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 APR 13 PM 4: 32**

**DOCUMENT # P92000010212 (8)**

1. Corporation Name  
**TRI-WING, INC.**

Principal Place of Business  
**1235 UNIVERSITY DR  
CORAL SPRINGS FL 33071**

Mailing Address  
**1235 UNIVERSITY DR  
CORAL SPRINGS FL 33071**

DO NOT WRITE IN THIS SPACE.

|                                                                                                                                                     |                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>12/07/1992</b>                                                                                              | 3a. Date of Last Report<br><b>04/15/1994</b>           |
| 4. FEI Number<br><b>65-0387854</b>                                                                                                                  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                        | <b>\$8.75 Additional<br/>Fee Required</b>              |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>                                                               | <b>\$5.00 May Be<br/>Added to Fees</b>                 |
| 8. This corporation has liability for intangible tax under C. 190.032,<br>Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                        |

|                                                                                                         |                                                                                              |
|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21. Suite, Apt. #, etc.<br>22. City & State<br>23. Zip<br>24. Country | 2a. Mailing Address<br>25. Suite, Apt. #, etc.<br>26. City & State<br>27. Zip<br>28. Country |
|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|

**9. Name and Address of Current Registered Agent**

**PALMERI, DOMINICK  
1235 UNIVERSITY DR  
CORAL SPRINGS FL 33071**

**10. Name and Address of New Registered Agent**

|                                                        |
|--------------------------------------------------------|
| 81. Name                                               |
| 82. Street Address (P.O. Box Number is Not Acceptable) |
| 83.                                                    |
| 84. City                                               |
| 85. FL                                                 |
| 86. 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]*

**3-28-95**

Signature of (typed or printed name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

**12. OFFICERS AND DIRECTORS**

|                 |                        |
|-----------------|------------------------|
| TITLE           | DP                     |
| NAME            | PALMERI, DOMINICK      |
| STREET ADDRESS  | 1235 UNIVERSITY DR     |
| CITY - ST - ZIP | CORAL SPRINGS FL 33071 |
| TITLE           | DV                     |
| NAME            | O'BRIEN, MICHAEL       |
| STREET ADDRESS  | 1235 UNIVERSITY DR     |
| CITY - ST - ZIP | CORAL SPRINGS FL 33071 |
| TITLE           | DST                    |
| NAME            | WILKES, IRA            |
| STREET ADDRESS  | 1235 UNIVERSITY DR     |
| CITY - ST - ZIP | CORAL SPRINGS FL 33071 |
| TITLE           |                        |
| NAME            |                        |
| STREET ADDRESS  |                        |
| CITY - ST - ZIP |                        |
| TITLE           |                        |
| NAME            |                        |
| STREET ADDRESS  |                        |
| CITY - ST - ZIP |                        |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                     |                                                                   |
|---------------------|-------------------------------------------------------------------|
| 11. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. NAME            |                                                                   |
| 13. STREET ADDRESS  |                                                                   |
| 14. CITY - ST - ZIP |                                                                   |
| 21. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22. NAME            |                                                                   |
| 23. STREET ADDRESS  |                                                                   |
| 24. CITY - ST - ZIP |                                                                   |
| 31. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32. NAME            |                                                                   |
| 33. STREET ADDRESS  |                                                                   |
| 34. CITY - ST - ZIP |                                                                   |
| 41. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42. NAME            |                                                                   |
| 43. STREET ADDRESS  |                                                                   |
| 44. CITY - ST - ZIP |                                                                   |
| 51. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52. NAME            |                                                                   |
| 53. STREET ADDRESS  |                                                                   |
| 54. CITY - ST - ZIP |                                                                   |
| 61. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62. NAME            |                                                                   |
| 63. STREET ADDRESS  |                                                                   |
| 64. CITY - ST - ZIP |                                                                   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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]*

**Domenic Palmieri**

**4/7/95**

**305-341-4308**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Type)

(Typed Phone #)