FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Jan 14 1997 8:00am Secretary of State

	1997	DIVISION OF	CORPORATIONS	Beeretary	or State
DOCUMENT # P9300001182 (3) TRI-TECH FINANCIAL CORP.				\$: # 8 11 0 12 14 15 15 15 15 15 15 15
Principal Plac	e of Business	Mailing Address		E LEVELODY 110 (MIND 1711) AND INCIDENTAL	MUSIK BUNUN TIMBU TUBBI EBELU TIBK COMK
7805 N.W. 88T TAMARAC FL		7605 N.W. 88TH WAY TAMARAC FL 33321-2426			
				3. Date Incorporated or Qualified 12/31/1992	3a. Date of Last Report 03/05/1996
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 5322 Suite Apt	N.W. 116 Avenue	26 5322 N.W.	<u>116 Avenue</u>	65-0381578	Not Applicable S8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat		City & State		6. Election Campaign Financing	\$5.00 May Be
23 Cora		28 Coral Spr		Trust Fund Contribution	Added to Fees
Zip 3307	Country 6 25 Broward	Zip 29 33076	Country 30 Broward	8. This corporation has liability for i	ntangible tax under s. 199.032, Yes 🔀 No
24 3307	9. Name and Address of Current	29	30 220 220	Fiorida Statutes 10. Name and Address of New Re	
WHITNEY, JON 81 Name Jon Whitney					
TOOK NIME COTTENANT				ddress (P.O. Box Number is Not Acceptab	
TAMARAC FL 333215 3 2 2			2 N.W. ll6th Avenu	e	
			83		
				oral Springs	FL 85 Zip Code 3 3 0 7 6
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 YOU WHITNEY					
12.	Signature, typed or printed name of registered agen OFFICERS AND		E. Ragistered Agent signature re	quired when reinstaurig) ADDITIONS/CHANGES TO OFFIC	DATE
TITLE	P OFFICERS AND	DELETE DELETE			Change Addition
MAME	WHITNEY, SHARI			P Shari Whitney	
STREET ADDRESS	7605 N.W. 88TH WAY			5322 N.W. 116 Aven	1e
CITY-ST-ZIP	TAMARAC FL		1.4 CITY - ST - ZIP	Coral Springs, FL	33076
TITLE		☐ DELETE	2.1 TITLE		Change Addition
MAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
MANE			3.2 VAME		
STREET ACCIRESS			3,3 STREET ADDRESS		
CITY+ST-Z:P			3.4 CITY-ST-ZiP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY+ST-ZIP TITLE		☐ DELETE	4.4 CITY - ST - Z:P		Change Addition
NAME :			5.2 NAME		
STREET ADDRESS			5,3 STREET ADDRESS		
City - St - ZIP			5 4 CITY - \$T - ZiP		_
TITLE		☐ DELETE	6.1 T.JLE		□ C⊓ange □ A¢¢;tion
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	ny certify that the information syndiad	with this filing does not avail	64 CITY-ST-ZiP	ted in Section 119 07/31/IV Florida Statutos	i further certify that the
14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(f). 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 cath; 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.					