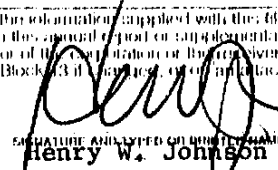


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000035613 1. Corporation Name					
Tri-County Commercial Properties, Inc.					
Principal Place of Business 1401 University Drive Suite 301 Coral Springs, FL 33071			Mailing Address 1401 University Drive Suite 301 Coral Springs, FL 33071		
2. Principal Place of Business 21 _____ Suite, Apt. #, etc. 22 _____ City & State 23 _____ Zip _____ Country _____ 24 _____ 25 _____		2a. Mailing Address 26 _____ Suite, Apt. #, etc. 27 _____ City & State 28 _____ Zip _____ Country _____ 29 _____ 30 _____		3. Date Incorporated or Qualified 5/18/93	
				3a. Date of Last Report 9/16/96	
				4. FEI Number 65-0507592	
				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	
9. Name and Address of Current Registered Agent Johnson, Henry W. 1401 University Drive, Suite 301 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 _____ FL 85 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 607.0605, Florida Statutes.					
SIGNATURE _____ (Type or typed or printed name of registered agent and title if applicable) (Print Registered Agent's signature (required when appointing)) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE PTSD		☐ DELETE			
NAME Johnson, Henry W.					
STREET ADDRESS 1401 University Drive, Suite 301					
CITY-ST-ZIP Coral Springs, FL 33071					
TITLE V		☐ DELETE			
NAME Assaly, R. Douglas					
STREET ADDRESS 1111 Prince of Wales Drive, #400					
CITY-ST-ZIP Ottawa, Ontario K1V					
TITLE _____		☐ DELETE			
NAME _____					
STREET ADDRESS _____					
CITY-ST-ZIP _____					
TITLE _____		☐ DELETE			
NAME _____					
STREET ADDRESS _____					
CITY-ST-ZIP _____					
TITLE _____		☐ DELETE			
NAME _____					
STREET ADDRESS _____					
CITY-ST-ZIP _____					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
11 TITLE _____		☐ Change ☐ Addition			
12 NAME _____					
13 STREET ADDRESS _____					
14 CITY-ST-ZIP _____					
21 TITLE _____		☐ Change ☐ Addition			
22 NAME _____					
23 STREET ADDRESS _____					
24 CITY-ST-ZIP _____					
31 TITLE _____		☐ Change ☐ Addition			
32 NAME _____					
33 STREET ADDRESS _____					
34 CITY-ST-ZIP _____					
41 TITLE _____		☐ Change ☐ Addition			
42 NAME _____					
43 STREET ADDRESS _____					
44 CITY-ST-ZIP _____					
51 TITLE _____		☐ Change ☐ Addition			
52 NAME _____					
53 STREET ADDRESS _____					
54 CITY-ST-ZIP _____					
61 TITLE _____		☐ Change ☐ Addition			
62 NAME _____					
63 STREET ADDRESS _____					
64 CITY-ST-ZIP _____					
400002171124 -05/08/97--01058--007 ***165.00					
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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. 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 I am listed, or on an attachment with an address.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Henry W. Johnson					

4/29/97 (954) 755-9880

CR2E034 (9/96)