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

PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 11 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000037091 (4)

TRI STAR ACCOUNTING GROUP, INC.

					<u> </u>
Principal Plac	e of Business	Mailing Address			TING LISER LIBERT ORIEN 18681 4161 1881
3200 N MILITA 201	ARY TRAIL	3200 N MILITARY TRAIL 201			
BOCA RATON	FL 33431	BOCA RATON FL 33431		DO NOT WRITE IN	THIS SPACE
US US				3. Date Incorporated or Qualified	
				05/03/1993	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# Atc	Suite, Apt, #, etc.		65-0404780	Not Applicable
22		27			\$8.75 Additional Fee Required
City & State	θ	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	28 Zip	Country	8. This corporation owes or has paid to	
24]	25	29	30	Personal Property Tax due June 30	
	9. Name and Address of Curre		1901	10. Name and Address of New Regis	
TAY	LOR, LOUISE M		81 Name		
AAAT BRU OTH OT				dress (P.O. Box Number is Not Acceptable)	
BOYNTON BCH. FL 33426				85 W Country C	ub Bluch
			83		
			84 City		95 Zin Code
			1 13	ocaRaton	FL 33487
SIGNATURE	egistered agent, or both in the State in familiar with, and properties oblig Signature, typed or printed name of registered ag		authorized by the corpor orida Statutes. E: Registered Agent signature req		DATE
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	7786 1.2 0- 1	☐ Change ☐ Addition
NAME	TAYLOR, LOUISE M		1.2 NAME	mas will company	حسک ہے
STREET ADDRESS	1147 NW 9TH ST		1.3 STREET ADDRESS	1785 w. Country Boca Renten IC)
CITY-ST-ZIP	BOYNTON BCH. FL 33426			water or 7C	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME [2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	2. 4 CITY-ST-ZIP		Change Addition
TITLE		[] DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			3.2 NAME		
			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY-ST-ZiP 4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		•	4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME		- -	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	i		6.4 CITY-ST-ZIP		
14. I hereby c	ertify that the information supplied w	ith this filing does not qualify to	r the exemption stated in	n Section 119.07(3)(i), Florida Statutes. I furti	ner certify that the information
officer or o	on this annual report or supplements director of the corporation or the rect or Block 13 if changed, or on an attac	giver or trustee empowered to a	urate and that my signat execute this report as red	ture shall have the same legal effect as if ma quired by Chapter 607, Florida Statutes; and	de under oath; that I am an that my name appears in