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PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **P93000056735 (2)**

1. Corporation Name
TRICOR MULTI-FAMILY, INC.

Principal Place of Business	Mailing Address
801 DOUGLAS AVE. SUITE 200 ALTAMONTE SPRINGS FL 32714	801 DOUGLAS AVE. SUITE 200 ALTAMONTE SPRINGS FL 32714

3. Date Incorporated or Qualified: **08/12/1993**
3a. Date of Last Report: **03/13/1995**

2. Principal Place of Business	2a. Mailing Address
21 100 East Sybelia Avenue	26 100 East Sybelia AVenue
Suite, Apt. #, etc. 22 Suite 225	Suite, Apt. #, etc. 27 Suite 225
City & State 23 Maitland, Florida	City & State 28 Maitland, Florida
Zip / Country 24 32751 / 25	Zip / Country 29 32751 / 30

4. FEI Number: **59-3197184** ☐ 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	10. Name and Address of New Registered Agent
~~HAGLE, MARC L~~ 801 DOUGLAS AVE. SUITE 200 ALTAMONTE SPRINGS FL 32714	81 Name: BARBARA J. ABRASS 82 Street Address (P.O. Box Number is Not Acceptable): 100 East Sybelia Avenue 83 Suite 225 84 City: Maitland, Florida FL 85 Zip Code: 32751

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] ~~MARC HAGLE~~ Barbara J Abrass 4/25/96
Signature required for printed name of individual agent and title, if applicable. (NOTE: Registered Agent's signature required when name is changed.) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAGLE, MARC L 801 DOUGLAS AVE., SUITE 200 ALTAMONTE SPRINGS FL 32714	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	100 East Sybelia Avenue, Suite 225 Maitland, Florida 32751	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS ABRASS, BARBARA J ~~1040 MAYFIELD AVE.~~ ~~WINTER PARK FL 32789~~	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	DPS 100 East Sybelia Avenue, Suite 225 Maitland, Florida 32751	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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 119.07(3)(i), 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] ~~Barbara J Abrass~~ 4/25/96 (407) 629-2040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #