FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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
801 DOUGLAS AVE.
SUITE 200
ALTAMONTE SPRINGS FL 32714

Mailing Address
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
21 100 East Sybelia Avenue
Suite, Apt. #, etc.
22 Suite 225
City & State
23 Maitland, Florida
Zip 24 32751 Country 25

2a. Mailing Address
26 100 East Sybelia AVenue
Suite, Apt. #, etc.
27 Suite 225
City & State
28 Maitland, Florida
Zip 29 32751 Country 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

~~HAGLE, MARC L~~
801 DOUGLAS AVE.
SUITE 200
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

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] [redacted] Barbara J Abrass — 4/25/96
Signature of or printed name of registered agent and title if applicable — Title — Registered Agent Signature required when resigning — DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	HAGLE, MARC L	
STREET ADDRESS	801 DOUGLAS AVE., SUITE 200	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	DPS	☐ DELETE
NAME	ABRASS, BARBARA J	
STREET ADDRESS	~~1040 MAYFIELD AVE.~~ P	
CITY-ST-ZIP	~~WINTER PARK FL 32789~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	100 East Sybelia Avenue, Suite 225	
1.4 CITY-ST-ZIP	Maitland, Florida 32751	
2.1 TITLE	DPS	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	100 East Sybelia Avenue, Suite 225	
2.4 CITY-ST-ZIP	Maitland, Florida 32751	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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