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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

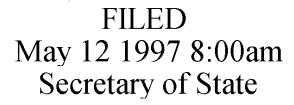
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P93000081820 (1)

TRI-STAR REMODELING, INC.



| 1111 0111 | | | | | | | |
|--|---|---|---------------------------|---------------------------------|--|---|----------------------------------|
| Principal Place | e of Business | Mailing Address | | | - (I NABULODI, LISE I BILDA ALIHK ROMI DEKIN ODI | IN URIN A BUNUN HADUN HARAN II | OH |
| 784 LIVE OAK LANE OVIEDO FL 32785 | | 784 LIVE OAK LANE OVIEDO FL 32785-9573 | | | | | |
| | | | | | Date Incorporated or Qualified 11/30/1993 | 3a. Date of Last 05/01/1996 | ' 1 |
| 2. Principal Pl | lace of Business | 2a. Mailing Address | - 11. 14.1 U. IFEREN | | 4. FEI Number 59-3212418 | | Applied For |
| 21 | | 26 | | | | | Vot Applicable |
| Suite, Apt. #, etc | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | □ \$8./5 Fee I | Additional Required |
| City & State | D | City & State | | | Election Campaign Financing Trust Fund Contribution | | O May Be d to Fees |
| Zip Country | | Zıp | Zip Country | | 8. This corporation has liability for intangible tax under s. 199.032, | | |
| 24 | 25 9. Name and Address of Curr | | 10 | | Florida Statutes L 10. Name and Address of New Re | | |
| 1 1p 100 | | eur uediere.en when | 81 | Name | IV. ITHING AND AUGUST VI HOW ITE | Beatalan Mait | |
| LINDSEY, DONALD V 784 LIVE OAK LANE | | | - | | and (D.O. David), and as in Nationals | ala) | |
| OVIEDO FL 32765 | | | 82 | | ess (P.O. Box Number is Not Acceptal | | |
| | | | | ' | | | |
| | | | 84 | | | | p Code |
| 11. Pursuant i office or r | to the provisions of Sections 607.0 egistered agent, or both, in the Sta | 502 and 607.1508, Florida Statutes te of Florida. Such change was au | , the above thorized b | re-named corp y the corporat | oration submits this statement for the ion's board of directors. I hereby acce | ourpose of changing pt the appointment a | its registered as registered |
| | m familiar with, and accept the obl | gations of, Section 617, 1905, Por | cia Statute | 05. 2 | | 1.00 | |
| SIGNATURE | Styreature, typind or printed name of regist red in | agont and title if applicable | Registered Ar | nt signature requir | ed when reinstating) | 5-1-90 DATE | |
| 12. | OFFICERS A | ND DIRECTORS | 13, | | ADDITIONS/CHANGES TO OFFI | | |
| THLE | PD | ☐ DELETE. | 1.1 TITLE | | | ☐ Change | Addition |
| NAME | varga, scott a. | | 1.2 NAME | | | | • |
| STREET ADDRESS | 2533 SUSANDAY DR. | | 1.3 STREE | T ADDRESS | | | ļi |
| CITY-ST-ZIP | ORLANDO FL | T oriest | 1.4 CITY - | ST-ZIP | | [] 0h | - El Addison |
| TITLE | STD | ☐ DELETE | 2.1 TITLE | | | Change | Addition |
| NAME | SHAAYN, LINDSEY D | | 2.2 NAME | i | 0.5 | 2.4 | |
| STREET ADORESS | 784 LIVE OAK LN. | | | T ADDRESS | | * | |
| CITY+ST-ZIF | OVIEDO FL | I Drutte | 2. 4 CITY | -ST-ZIP | | Change | Addition |
| TOTALE | | ☐ DELETE | 3.1 TITLE | | | First Cusufi | AOURION |
| NAME | | | 3.2 NAME | | | | |
| STREET ADDRESS | | | | T ADDRESS | | | |
| CH1Y - 51 - ZIP | | DELETE | 3.4. CITY - | -51-217 | | Change | Addition |
| TITLE | | F-1 prireir | 4. 2 NAME | . | | Containing Containing | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| NAME STREET ADDRESS | | | • | T ADDRESS | | | ļ |
| | | | 4.4 CiTY- | | | | |
| CITY-ST ZIP T-TLE | | DELETE | 51 TITLE | | | ☐ Change | e Addition |
| NAMÉ | | Bound of the control | 5.2 NAME | | | | |
| STREET ADDRESS | | | | T ADDRESS | | | |
| CITY-ST-7P | | | 5.4 CITY- | | | | |
| 1-ILF | | DELETE | 61 TITLE | | | Change | e Addition |
| NAME | | | 62 NAME | | | | |
| STREET ADDRESS | | | | T ADDRESS | | | |
| CITY-SI-ZIP | | | 64 CITY- | - 1 | | | |
| | by certify that the information supp | ied with this filing does not qualify | | | 1 in Section 119.07(3Xi). Florida Statute | as I further certify th | at the |

rao nereby certify that the information supplied with this mining does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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.