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

CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000084657

1. Corporation Name

STREET ADDRESS

TRE ASSO	OCIATES, INC.	• · · · · · · · · · · · · · · · · · · ·							
	f Durings	Mailing Addres	SS .					•	
Principal Place.o		C/O T ROGER	ENTRESS						
C/O T. ROGER E	NTRESS	5200 NORTH O	5200 NORTH OCEAN DR., SUITE 201			DO NOT WRITE IN THIS SPACE			
5200 NORTH OCE	EAN DR., SUITE 201	SINGER ISLAND	FL 33404						
SINGER ISLAND F	FL 33404	•				3. Date Incorporated or Qualifed	•		1
	•					12/10/1993		Applie	ed For
_		2a. Mailing Ad	Idress			4. FEI Number			pplicable
2. Principal Plac	ce of Business	 -¬				65-0458099	<u>·</u>		pplicable
21		26 Suite, Apt.	# otc			5. Certificate of Status Desired	X ·	\$8.75 Add	
Suite, Apt. #,	, etc.	Suite, Apr.	, #, etc.			5. Certificate of Status Desired		Fee Requ	ired
22	÷ <u>· </u>	27				6. Election Campaign Financing	Π,	\$5.00 м	
City & State		City & Sta	ite			Trust Fund Contribution	. п .	Added to	ees
		28				8. This corporation owes the cu	rrent vear Inta	ngible	Į.
23	Country	Zip		Countr	У	8. This corporation owes the co	in one your will	∐ Yes □]No
Zip		29	3	10		10. Name and Address of New	Registered A	gent	
24	9. Name and Address of Curre		nt			10. Name and Address of New	(togiction)		
	9 Name and Address of Curt	SIR (Cog. or)		8	1 Name				
	PORATION SERVICE COMPAN	Υ		L	0 0 A Add	ress (P.O. Box Number is Not Acce	ptable)		\
GUHP	PORATION SERVICE COMMAN	•		8	2 Street Add		waste frei filt in		
⁷⁶⁷ 1201	HAYS ST.			la la					
TALL	AHASSEE FL 32301			ļ°	3		· 数据 () 新聞	Tell second	# 1 1 1 3 1 1 3 5 1 4 5 1
				\ <u></u>	4 City		FL	85 Zip Co	
					7 5,			-banging its F	egistered
l ,			hange was au 807.0505, Flori	thorized tida Statut	es.	poration submits this statement for t ion's board of directors. I hereby ac			
1 ,	Standburg typed or printed name of registered a	agent and title if applicable.	hange was au 607.0505, Flori (NOTE:	thorized tida Statut Registered A	oy the corporations.	ADDITIONS/CHANGES TO			
SIGNATURE	Signature, typed or printed name of registered OFFICERS	agent and title if applicable. AND DIRECTORS	hange was au 607.0505, Flori (NOTE:	Registered A	gent signature requi			D DIRECTOR	RS IN 12
SIGNATURE	Signature, typed or printed name of registered OFFICERS	agent and title if applicable. AND DIRECTORS	(NOTE:	Registered A	gent signature requi	ADDITIONS/CHANGES TO		D DIRECTOR	RS IN 12
SIGNATURE 12.	OFFICERS D ENTRESS, T. ROGER	agent and title if applicable. AND DIRECTORS	(NOTE:	13. 1.1 TITL 1.2 NAM	gent signature requi E ME	ADDITIONS/CHANGES TO		D DIRECTOR	RS IN 12
SIGNATURE 12. TITLE	OFFICERS D ENTRESS, T. ROGER 5200 N. OCEAN DR.	agent and title if applicable. AND DIRECTORS	(NOTE:	13. 1.1 TITL 1.2 NAM 1.3 STF	gent signature requi E #E REET ADDRESS	ADDITIONS/CHANGES TO		D DIRECTOR Change	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered OFFICERS D ENTRESS, T. ROGER	agent and title if applicable. AND DIRECTORS	(NOTE:	13. 1.1 TITL 1.2 NAM 1.3 STF	gent signature requi	ADDITIONS/CHANGES TO		D DIRECTOR	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST- ZIP	OFFICERS D ENTRESS, T. ROGER 5200 N. OCEAN DR.	agent and title if applicable. AND DIRECTORS	(NOTE:	13. 1.1 TITL 1.2 NAM 1.3 STF 1.4 CIT 2.1 TITL	gent signature require E AE REET ADDRESS Y-ST-ZIP LE	ADDITIONS/CHANGES TO		D DIRECTOR Change	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE	OFFICERS D ENTRESS, T. ROGER 5200 N. OCEAN DR.	agent and title if applicable. AND DIRECTORS	(NOTE:	13. 1.1 TITL 1.2 NAM 1.3 STF 1.4 CIT 2.1 TITT 2.2 NAM	gent signature require E AE REET ADDRESS Y-ST-ZIP LE ME	ADDITIONS/CHANGES TO		D DIRECTOR Change	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS D ENTRESS, T. ROGER 5200 N. OCEAN DR. SINGER ISLAND FL 33404	agent and title if applicable. AND DIRECTORS	(NOTE:	13. 1.1 TITL 1.2 NAM 1.3 STF 1.4 CIT 2.1 TITT 2.2 NAM	gent signature require E AE REET ADDRESS Y-ST-ZIP LE	ADDITIONS/CHANGES TO		D DIRECTOR Change	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE	OFFICERS D ENTRESS, T. ROGER 5200 N. OCEAN DR. SINGER ISLAND FL 33404	agent and title if applicable. AND DIRECTORS	(NOTE:	13. 1.1 TITL 1.2 NAA 1.3 STF 1.4 CIT 2.1 TITL 2.2 NAA 2.3 STI	gent signature require E AE REET ADDRESS Y-ST-ZIP LE ME	ADDITIONS/CHANGES TO		D DIRECTOR Change	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS D ENTRESS, T. ROGER 5200 N. OCEAN DR. SINGER ISLAND FL 33404	agent and title if applicable. AND DIRECTORS	(NOTE:	13. 1.1 TITL 1.2 NAA 1.3 STF 1.4 CIT 2.1 TITL 2.2 NAA 2.3 STI	E AE SEET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP	ADDITIONS/CHANGES TO		D DIRECTOR Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS D ENTRESS, T. ROGER 5200 N. OCEAN DR. SINGER ISLAND FL 33404	agent and title if applicable. AND DIRECTORS	(NOTE:	13. 1.1 TITL 1.2 NAM 1.3 STF 1.4 CIT 2.2 NAM 2.3 STI 2.4 CI 2.4 CI 2.4 CI	E #E #E #E #E #E #E #E #E #E	ADDITIONS/CHANGES TO		D DIRECTOR Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS D ENTRESS, T. ROGER 5200 N. OCEAN DR. SINGER ISLAND FL 33404	agent and title if applicable. AND DIRECTORS	(NOTE:	13. 1.1 TITL 1.2 NAA 1.3 STF 1.4 CIT 2.1 TITL 2.2 NA 2.3 STI 2.4 CC 3.1 TITL 3.2 NA	E #E #E #E #E #E #E #E #E #E	ADDITIONS/CHANGES TO		D DIRECTOR Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS D ENTRESS, T. ROGER 5200 N. OCEAN DR. SINGER ISLAND FL 33404	agent and title if applicable. AND DIRECTORS	(NOTE:	13. 1.1 TIL 1.2 NAA 1.3 STF 1.4 CIT 2.1 TIT 2.2 NA 2.3 STI 2.4 CC 3.1 TIT 3.2 NA 3.3 ST	E AE	ADDITIONS/CHANGES TO	OFFICERS AN	D DIRECTOR Change	S IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	OFFICERS D ENTRESS, T. ROGER 5200 N. OCEAN DR. SINGER ISLAND FL 33404	agent and title if applicable. AND DIRECTORS	(NOTE:	13. 1.1 TTL 1.2 NAM 1.3 STF 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STI 2.4 CC 3.1 TITI 3.2 NA 3.3 ST 3.4 CC	E AE	ADDITIONS/CHANGES TO		D DIRECTOR Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP CITY- ST- ZIP	OFFICERS D ENTRESS, T. ROGER 5200 N. OCEAN DR. SINGER ISLAND FL 33404	agent and title if applicable. AND DIRECTORS	(NOTE:	13. 1.1 TITL 1.2 NAM 1.3 STF 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STI 2.4 CI 3.1 TITL 3.2 NA 3.3 ST 3.4 CI 4.1 TITL 4.1	E #E #EET ADDRESS Y-ST-ZIP #E #EET ADDRESS IY-ST-ZIP LE ME #EET ADDRESS IY-ST-ZIP REET ADDRESS ITY-ST-ZIP ILE	ADDITIONS/CHANGES TO	OFFICERS AN	D DIRECTOR Change	S IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS D ENTRESS, T. ROGER 5200 N. OCEAN DR. SINGER ISLAND FL 33404	agent and title if applicable. AND DIRECTORS	(NOTE:	13. 1.1 TTL 1.2 NAM 1.3 STF 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STI 2.4 CC 3.1 TITI 3.2 NA 3.3 ST 3.4 CC	E #E #EET ADDRESS Y-ST-ZIP #E #EET ADDRESS IY-ST-ZIP LE ME #EET ADDRESS IY-ST-ZIP REET ADDRESS ITY-ST-ZIP ILE	ADDITIONS/CHANGES TO	OFFICERS AN	D DIRECTOR Change	S IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS D ENTRESS, T. ROGER 5200 N. OCEAN DR. SINGER ISLAND FL 33404	agent and title if applicable. AND DIRECTORS	(NOTE:	13. 1.1 TITL 1.2 NAM 1.3 STF 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STI 2.4 CI 3.1 TITL 3.2 NA 3.3 ST 3.4 CI 4.1 TITL 4.2 N	E #E #E #E #E #E #E #E #E #E	ADDITIONS/CHANGES TO	OFFICERS AN	D DIRECTOR Change	S IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS D ENTRESS, T. ROGER 5200 N. OCEAN DR. SINGER ISLAND FL 33404	agent and title if applicable. AND DIRECTORS	(NOTE:	13. 1.1 TITL 1.2 NAM 1.3 STF 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STI 2.4 CI 3.1 TITL 3.2 NA 3.3 ST 3.4 CI 4.1 TITL 4.2 N 4.3 S'	E #E #	ADDITIONS/CHANGES TO	OFFICERS AN	D DIRECTOR Change Change	Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS D ENTRESS, T. ROGER 5200 N. OCEAN DR. SINGER ISLAND FL 33404	agent and title if applicable. AND DIRECTORS	(NOTE:	13. 1.1 TITL 1.2 NAM 1.3 STF 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STI 2.4 CI 3.1 TITL 3.2 NA 3.3 ST 3.4 CI 4.1 TITL 4.2 N 4.3 S' 4.4 CI	E #E #E #E #E #E #E #E #E #E	ADDITIONS/CHANGES TO	OFFICERS AN	D DIRECTOR Change	S IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS D ENTRESS, T. ROGER 5200 N. OCEAN DR. SINGER ISLAND FL 33404	agent and title if applicable. AND DIRECTORS	(NOTE:	13. 1.1 TITL 1.2 NAM 1.3 STF 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STI 2.4 CI 3.1 TITL 3.2 NA 3.3 ST 3.4 CI 4.1 TITL 4.2 N 4.3 S' 4.4 CI 5.1 TI	E #E #E #E #E #E #E #E #E #E	ADDITIONS/CHANGES TO	OFFICERS AN	D DIRECTOR Change Change	Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE	OFFICERS D ENTRESS, T. ROGER 5200 N. OCEAN DR. SINGER ISLAND FL 33404	agent and title if applicable. AND DIRECTORS	(NOTE:	13. 1.1 TITL 1.2 NAM 1.3 STF 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STI 2.4 CI 3.1 TITL 3.2 NA 3.3 ST 3.4 CI 4.1 TITL 4.2 N 4.3 S' 4.4 CI 5.1 TI 5.2 N	E #E #E #E #E #E #E #E #E #E	ADDITIONS/CHANGES TO	OFFICERS AN	D DIRECTOR Change Change	Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME	OFFICERS D ENTRESS, T. ROGER 5200 N. OCEAN DR. SINGER ISLAND FL 33404	agent and title if applicable. AND DIRECTORS	(NOTE:	13. 1.1 TITL 1.2 NAM 1.3 STF 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STI 2.4 CI 3.1 TITL 3.2 NA 3.3 ST 3.4 CI 4.1 TITL 4.2 N 4.3 S' 4.4 CI 5.1 TI 5.2 N 5.3 ST	E ME ME ME ME ME ME ME ME ME	ADDITIONS/CHANGES TO	OFFICERS AN	D DIRECTOR Change Change	Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS D ENTRESS, T. ROGER 5200 N. OCEAN DR. SINGER ISLAND FL 33404	agent and title if applicable. AND DIRECTORS	(NOTE:	Registered A 13. 1.1 TITL 1.2 NAM 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAM 2.3 STT 2.4 CIT 3.1 TITL 4.2 NAM 3.3 ST 3.4 CC 4.1 TIT 4.2 N 4.3 S' 4.4 CC 5.1 TI 5.2 N 5.3 S 5.4 CC	E #E #	ADDITIONS/CHANGES TO	OFFICERS AN	D DIRECTOR Change Change	Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS D ENTRESS, T. ROGER 5200 N. OCEAN DR. SINGER ISLAND FL 33404	agent and title if applicable. AND DIRECTORS	(NOTE:	13. 1.1 TITL 1.2 NAM 1.3 STF 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STI 2.4 CI 3.1 TITL 3.2 NA 3.3 ST 3.4 CI 4.1 TITL 4.2 N 4.3 S' 4.4 CI 5.1 TI 5.2 N 5.3 ST	E #E #	ADDITIONS/CHANGES TO	OFFICERS AN	D DIRECTOR Change Change Change Change	RS IN 12 Addition Addition Addition Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS D ENTRESS, T. ROGER 5200 N. OCEAN DR. SINGER ISLAND FL 33404	agent and title if applicable. AND DIRECTORS	DELETE D	Registered A 13. 1.1 TITL 1.2 NAM 1.3 STF 1.4 CIT 2.1 TITL 2.2 NAI 2.3 STI 2.4 CI 3.1 TITL 3.2 NA 3.3 ST 3.4 CI 4.1 TI 4.2 N 4.3 S' 4.4 CI 5.1 TI 5.2 N 5.3 S 5.4 C 6.1 T 6.2 N	E #E #	ADDITIONS/CHANGES TO	OFFICERS AN	D DIRECTOR Change Change Change Change	RS IN 12 Addition Addition Addition Addition Addition Addition

14. I hereby certify that the information supplied with this filing 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 ennual 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 chapted, or on an attachment with an address, with all other like empowered.

FILED

Feb 10, 1999 8:00am

Secretary of State

02-10-1999 90067 027 ***158.75