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

**PROFIT** CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT DE STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9400008393 (8)

TRI-STATE REAL ESTATE, INC.

Principal Place of Business Mailing Address 5190 NORTHWEST 167 STREET 5190 NORTHWEST 167 STREET SUITE 204 SUITE 204 MIAMI FL 33014 MIAMI FL 33014-6338 3. Date Incorporated or Qualified 3a. Date of Last Report 02/02/1994 02/28/1996 4. FEI Number 2a. Mailing Address Applied For 1607 NW 183 Stree 1607 NW 183 St. 65-0465368 Not Applicable Suite, Apt. #, etc. Suite Apt. # etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \( \bigcup \text{Yes} \quad \text{No} \) Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name HARRIS, LYNDA V 5190 N.W. 167 STREET Address (P.O. Pox Number, is Not Accentable) 82 SUITE 204 83 **MIAMI FL 33014** 84 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, typed or proced real not registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE Change Addition TITLE HARRIS, LYNDA V 1.2 NAME NAME 11100 PEACHTREE DRIVE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33161 CITY - ST - ZIF 1.4 CITY-ST-ZIP DELETE 21 TITLE ☐ Change Addition Title NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2 4 CITY-ST-ZIP DELETE 31 TITLE ☐ Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST- ZIP 34. CITY-ST-ZIP DELETE Change \_\_\_ Addition TILLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - 2IP DELETE THLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP TOLLE DELETE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 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 garporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

appears in Block 12 or Block 1

CITY - ST - ZIF

changed, or on an attachment with an address

**FILED** 

Feb 03 1997 8:00am

Secretary of State