FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Apr 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P94000023505 (8)**

1. Corporation Name
TRICONY FLORIDA CORP.

Principal Place of Business	Mailing Address
313 1/2 WORTH AVENUE BLDG. B-1 PALM BEACH FL 33480 US	313 1/2 WORTH AVENUE BLDG. B PALM BEACH FL 33480-4669 US

3. Date Incorporated or Qualified: 03/28/1994
3a. Date of Last Report: 03/05/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 65-0477625 ☐ 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

B & C CORPORATE SERVICES, INC.
201 SOUTH BISCAYNE BOULEVARD
SUITE 300
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PAS	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	TORRES, RICK O		1.2 NAME		
STREET ADDRESS	578 MILLWOOD ROAD		1.3 STREET ADDRESS	339 Seaspray Avenue	
CITY-ST-ZIP	MT KISCO NY		1.4 CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE	VPT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TORRES, EDWARD		2.2 NAME		
STREET ADDRESS	2 NORTH BREAKERS ROW, APT. N-41		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	KAUDER, MARYLU		3.2 NAME		
STREET ADDRESS	47 LAKE CREEEK DRIVE		3.3 STREET ADDRESS	3060 Grand Bay Blvd. #166	
CITY-ST-ZIP	BLAINE COUNTY IO		3.4 CITY-ST-ZIP	Long Boat Key, FL 34228	
TITLE		☐ DELETE	4.1 TITLE	VPT	☐ Change ☒ Addition
NAME			4.2 NAME	Michael Torres	
STREET ADDRESS			4.3 STREET ADDRESS	215 Linda Lane	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	West Palm Beach, FL 33405	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 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: RICK TORRES PRESIDENT 4/1/97 (561)832-7088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0335148