

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -3 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000091290 (4)

1. Corporation Name

TRI TECH DISTRIBUTING, INC.

Principal Place of Business

Mailing Address

1501 DECKER AVE.
SUITE 406
STUART FL 34994

1501 DECKER AVE.
SUITE 406
STUART FL 34994

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/16/1994

3a. Date of Last Report

N/A

4. FEI Number

65-0541345

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 New
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business

21 Same

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NISA, PHILIP A
1501 DECKER AVE.
SUITE 406
STUART FL 34994

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

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME NISA, PHILIP A
STREET ADDRESS 3307 S.W. BESSEY CREEK TRAIL
CITY-ST-ZIP PALM CITY FL 34990

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME NISA, THOMAS
STREET ADDRESS 1226 S.W. CALMAR AVE.
CITY-ST-ZIP PORT ST. LUCIE FL 34990

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS House # 1126
2.4 CITY-ST-ZIP Zip code 34953

TITLE D
NAME NISA, PATRICIA
STREET ADDRESS 3307 S.W. BESSEY CREEK TRAIL
CITY-ST-ZIP PALM CITY FL 34990

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME MULROONEY, CHRISTINE
STREET ADDRESS 3307 S.W. BESSEY CREEK TRAIL
CITY-ST-ZIP PALM CITY FL 34990

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME NISA JR, Philip A
STREET ADDRESS 3529 SW Wood Creek Trail
CITY-ST-ZIP Palmcity, FL 34990

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 addition with an address.

SIGNATURE:

Philip A. Nisa, President

2/16/95

401-283-1274