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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

P94000093302 (5) DOCUMENT #

TRI-STAR CAPITAL CORPORATION

FILED Jan 23 1998 8:00am Secretary of State



Principal Place of Business Mailing Address									
ı	•	9 NORTH SU	28163	28163 U.S. 19 NORTH SUITE #302					
1	CLEARWATE	R FL 33761		CLEAR	CLEARWATER FL 33761				DO NOT WRITE IN THIS SPACE
•								3. Date Incorporated or Qualified	
									12/23/1994
	Principal P	2a. Mai	ling Address	g Address			4. FEt Number Applied For		
21	21				26				59-3287234 Not Applicable
l	Suite, Apt.	#, etc.		├ -¬	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22	22 2 City & State				27 City & State				Fee Required
23	ony a state			—¬ `	28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
	Zip					Co	untry	,	8. This corporation owes or has paid the ourrent year Intangible
24		25 29 30				30			Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent									10. Name and Address of New Registered Agent
		NGUADORA					81	Name	
28183 US 19 NORTH SUITE #302							82	Street Ad	dress (P.O. Box Number is Not Acceptable)
CLEARWATER FL 33761							83		
							0.5		
							84	City	FI 85 Zip Code
11	I. Pursuant	to the provis	ions of Sections 607.05	02 and 607.15	08, Florida Statu	ites, the a	Ll	e-named co	propration 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 (NOTF Registered Agent signals								ent signature req	
12		PS	OFFICERS AN	ID DIRECTOR	S DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
10			IC, MICHELLE M.		DECEIE	1.17		}	Change Addition
ľ	STREET ADDRESS 2026 BONNIE AVENUE			1.2 NAI				ADDRESS	
	TY-ST-ZIP		IARBOR FL					IT - ZIP	
TIT		VI		··	DELETE	21 T		11.71	Change Addition
	ME		Dora, Frank			2.2 N	AME	-	
ST	REET ADDRESS		ight ne r Bridge D	R		2.3 \$	TREET	ADDRESS	
cn	Y-ST-ZIP	TAMPA	<u>FL</u>			2.40	CITY-S	ST-ZIP	
TIT					DELETE	3.1 7			Change Addition
NA	1					3.2 N		-	
	REET ADDRESS							ADDRESS	
CIT	Y-ST-ZIP				DELETE	3.4. 0 4.1 Ti		ST-ZIP	Change Addition
NA	Į.				La bettie	4.21		1	Change Madition
	REET ADDRESS							ADDRESS	1
	Y-ST-ZIP						ITY-\$		
TIT		-			DELETE	5.1 TI			☐ Change ☐ Addition
NA	ME					5.2 N	AME		
STI	REET ADDRESS					5.3 S	TAEET	ADDRESS]
CIT	Y-ST-ZIP					5.4 0	ITY-S	T- ZIP	
TIT	LE				DELETE	6.1 7	TLE		Change Addition
NA	ME					6.2 N	AME		
ST	REET ADDRESS					6.3 \$	TREET	ADDRESS	
СП	Y-ST-ZIP					6.4 C	17 - S	7-ZIP	

14. Thereby 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 13 if changed, or on an attachment with an address.