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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000093302 Corporation Name

TRI-STAR CAPITAL CORPORATION

## **FILED** Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90056 004 \*\*\*150.00



Principal Place of Business Mailing Address 28163 U.S. 19 NORTH SUITE #302 28163 U.S. 19 NORTH SUITE #302 CLEARWATER FL 33761 CLEARWATER FL 33761 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 12/23/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 Suite, Apt. #, etc. <u>5</u>9-3287234 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired 27 . 🗆 Fee Required City & State City & State 6. Election Campaign Financing 23 \$5.00 May Be 28 Trust Fund Contribution Zip Country Added to Fees Zip Country 8. This corporation owes the current year Intangible 24 25 29 30 Personal Property Tax. 9. Name and Address of Current Registered Agent ŃΝο Yes 10. Name and Address of New Registered Agent 81 Name BRIGLIADORA, FRANK 28163 US 19 NORTH SUITE #302 Street Address (P.O. Box Number is Not Acceptable) CLEARWATER FL 33761 83 84 City 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, sam familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE re required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (11/98) TITLE DELETE 1.1 TITLE Manager Addition VAME RYZOWIC, MICHELLE M. 1.2 NAME ann w. Jennic 2026 BONNIE AVENUE STREET ADDRESS 1.3 STREET ADDRESS 2517 COLONY DR TY-ST-ZIP PALM HARBOR FL 1.4 CITY-ST-ZIP TILE ☐ DELETE 2.1 TITLE Change ☐ Addition AME BRIGLIADORA, FRANK 2.2 NAME TREET ADDRES 10328 LIGHTNER BRIDGE DR 2.3 STREET ADDRESS TAMPA FL ITY-ST-ZIP 2.4 CITY-ST-ZIP ШE DELETE 3.1 TITLE Change AME ☐ Addition 3.2 NAME TREET ADDRESS 3.3 STREET ADDRESS TY-ST-ZIP 3.4 CITY-ST-ZIP ΠE DELETE 4.1 TITLE Change Addition 4.2 NAME REET ADDRESS 4.3 STREET ADDRESS TY-ST-ZIP 4.4 CITY-ST-ZIP Œ ☐ DELETE 51 mm F ME Change ☐ Addition 5.2 NAME REET ADDRES: 5.3 STREET ADORESS Y-ST-ZIP 5.4 CITY-ST-ZIP LΕ ☐ DELETE 6.1 TITLE Addition ☐ Change 6.2 NAME REET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 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 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

GNATURF.

Y+ST-ZIP