

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000002142 (4)

1. Corporation Name

TRI-M INVESTMENTS OF SOUTH FLORIDA, INC.



Principal Place of Business

3111 UNIVERSITY DRIVE
SUITE 725
CORAL SPRINGS FL 33065

Mailing Address

3111 UNIVERSITY DRIVE
SUITE 725
CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/06/1995

4. FEI Number

65-0543368

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 3111 University Drive

Suite, Apt. #, etc.

22 Suite 725

23 City & State
Coral Springs, FL

Zip

24 33065

Country

25 USA

2a. Mailing Address

26 3111 University Drive

Suite, Apt. #, etc.

27 Suite 725

28 City & State
Coral Springs, FL

Zip

29 33065

Country

30 USA

9. Name and Address of Current Registered Agent

BATURIN, TED
5100 TOWN CENTER CIRCLE
8TH FLOOR, TOWER 2
BOCA RATON FL 33488

10. Name and Address of New Registered Agent

81 Name

Baturin, Ted

82 Street Address (P.O. Box Number is Not Acceptable)

2255 Glades Rd.

83 Suite 120A

84 City Boca Raton

FL

85 Zip Code

33431

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME BATURIN, TED
STREET ADDRESS 3235 W. BUENA VISTA DR.
CITY-ST-ZIP MARGATE FL 33063 ☐ DELETE

TITLE V
NAME BATURIN, TERESA
STREET ADDRESS 3235 W. BUENA VISTA DR.
CITY-ST-ZIP MARGATE FL 33063 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME Baturin, Ted
1.3 STREET ADDRESS 20954 Springs Terrace
1.4 CITY-ST-ZIP Boca Raton, FL 33428 ☒ Change ☐ Addition

2.1 TITLE V
2.2 NAME Baturin, Teresa
2.3 STREET ADDRESS 20954 Springs Terrace
2.4 CITY-ST-ZIP Boca Raton, FL 33428 ☒ Change ☐ Addition

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

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

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

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

14. 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 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, on an attachment with an address.

CR2E034 (10/97)