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

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90095 003 ***150.00

DOCUMENT # P95000002142 TRI-M INVESTMENTS OF SOUTH FLORIDA, INC. Principal Place of Business Mailing Address 3111 UNIVERSITY ORIVE 3111 UNIVERSITY DRIVE SUITE 725 SUITE 725 DO NOT WRITE IN THIS SPACE CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065 3. Date Incorporated or Qualifed 01/06/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 65-0543368 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing П 23 Trust Fund Contribution Added to Fees 28 Country Zip Country Zip 8. This corporation owes the current year Intangible Personal Property Tax. 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 BATURIN, TED Street Address (P.O. Box Number is Not Acceptable) 2255 GLADES RD STE 120-A 83 **BOCA RATON FL 33431** 85 Zip Code 84 City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE 1.1 TITLE TITLE Baturin, BATURIN, TED 1.2 NAME NAME 0377 riw 107th Terrace Parkland PL 33076 20954 SPRINGS TERR 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33428** 1.4 CITY-ST-ZIP CITY-ST-ZIP **™**Change ☐1 Addition ☐ DELETE 2.1 TITLE TITLE BATURIN, TERESA 2.2 NAME Bisturin, Tevesa NAME 20954 SPRINGS TERR 2.3 STREET ADORESS STREET ADDRESS **BOCA RATON FL 33428** 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 31TITLE ☐ Change 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIF ☐ Addition ☐ Change DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change □ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-ZIP

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, gron an attachment with an address, with all other like empowered.

SIGNATURE

SMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

199 954-757-8481

Daytime Phone #

CR2E034 (11/98)