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

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CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Ketherine Harris

Secretary of State DIVISION OF CORPORATIONS

3.1

DOCUMENT # P95000002672

TRI-COUNTY MANAGEMENT, INC.

**FILED** Feb 17, 1999 8:00 am Secretary of State

02-17-1999 90078 043 \*\*\*150.00

Principal Place	2 01 000							
1300 N.W. 92 <b>N</b> C	TERRACE	PC BUX SNOT	PO BOX 9494			•		
CORALTSPRING	S FL 33065	CORAL SPRINGS FL 39075			DO NOT WRITE IN THIS SPACE			
					3. Date incorporated or Qualife			
					01/09/1995			
		1 - 4 - 1 - 4 - 1 - 1 - 1 - 1 - 1 - 1 -		<del></del>	4. FEI Number		Appl	led For
2. Principal Pi	ace of Business	2a. Mailing Address			65-0548759		Not	Applicable
1			26		00 0040108	\$6	3.75 Ac	
Suite, Apt.	#, elc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Fee Req	
2		27			<del></del>		<u>-</u>	
City & Stat	e	City & State			8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
3		28			Trust Fund Contribution			
Zip	Country	Zip	Country	<i>'</i>	8. This corporation owes the c	ourrent year intenglo Y ∐		□No
4	25		30		Personal Property Tax.			
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New	M Kedistered Main		
		¯ ,	81	Name	•			
LEF	ORT, ALAN		82	Street Addr	ress (P.O. Box Number is Not Acce	ptable)		
4300	N.W. 92ND TERRACE		"			<u> </u>	<u> </u>	
	IAL SPRINGS FL 33065		93	5		油,心势强烈		
				<u> </u>	****		Z D C	ode -
			84	City		FL   <sup>65</sup>	200	
	to the provisions of Sections 607.05			ــــــــــــــــــــــــــــــــــــــ	mile a shorte this statement for	the numose of chan	ging its r	poistered
agent. I a	All iditable start due accels and and	ations of, Section 607.0505, Fi	orida Statutes	/e-named corp / the corporations.				
					ad when reinstating)	DATE		
SIGNATURE	Signature, typed or primited name of registered ag	gent and title if applicable. (NOT	E: Registered Age		ad when reinstating) ADDITIONS/CHANGES TO	DATE OFFICERS AND DI	RECTOR	RS IN 12
SIGNATURE	Signature, typed or printed name of registered ag OFFICERS A			ink signatura require	ad when reinstating) ADDITIONS/CHANGES TO	DATE OFFICERS AND DI	RECTOR	RS IN 12
SIGNATURE 12. TITLE	Signishure, lipped or primad name of registered ag OFFICERS A	peri and title if applicable. (NOT	E: Registered Age 13. 13 TILE	erit elgmature require	ADDITIONS/CHANGES TO	DATE OFFICERS AND DI	RECTOR	RS IN 12
SIGNATURE 12. TITLE NAME	Signisture, typed or primad name of registered as OFFICER'S A VP LEFORT, JUDY J	peri and title if applicable. (NOT	13. 1.1 TITLE 12 NAME	Pri etgrafure require	ADDITIONS/CHANGES TO  AES (DENT)	DATE OFFICERS AND DI	RECTOR Change	- Addition
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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 of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corposition of the receiver or trustee empowered to execute this report as required by Chapter 807. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or other than a difference of the corposition of t