


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

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

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

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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DOCUMENT # P95000002672

1. Corporation Name

TRI-COUNTY MANAGEMENT, INC.

Principal Place of Business 4300 N.W. 92ND TERRACE CORAL SPRINGS FL 33065	Mailing Address PO BOX 9494 CORAL SPRINGS FL 33075
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/09/1995

4. FEI Number

65-0548759

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

8. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

Trust Fund Contribution

8. This corporation owes the current year intangible

Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

City &amp; State

23

City &amp; State

City &amp; State

28

Zip

Country

Zip

Country

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30

9. Name and Address of Current Registered Agent

LEFORT, ALAN  
 4300 N.W. 92ND TERRACE  
 CORAL SPRINGS FL 33065

81 Name

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

83

84 City

FL

85 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. 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

11. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VP  
 LEFORT, JUDY J  
 4300 NW 92ND TERRACE  
 CORAL SPRINGS FL 33065

☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PRESIDENT

ALAN LEFORT

4300 N.W. 92ND TERRACE

CORAL SPRINGS FL 33065

☐ Change☒ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)