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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Mar 11 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000067390 (1)

TR INDUSTRIES, INC.

appears in Block 12 or Block 13 if changed,

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

SIGNATURE:

Mailing Address Principal Place of Business 222 LAKEVIEW AVE 222 LAKEVIEW AVE **BUITE 200 >** SUITE 200 WEST PALM BEACH FL 33401 WEST-PALM BEACH FL-80401-6147-3. Date Incorporated or Qualified 3a. Date of Last Report 08/28/1995 04/23/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For MONETAN 65-0611407 8110 8110 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State Cy & State 6. Election Campaign Financing \$5.00 May Be くんいしょうしん Trust Fund Contribution Added to Fees 28 23 Country This corporation has liability for intangible tax under s. 199.032, 33408 Yes 🗌 No 30 Florida Statutes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GOTTLIEB, STUART M 222 LAKEVIEW AVE Street Address (P.O. Box Number is Not Acceptable) SUITE 260 83 WEST PALM BEACH FL 33401 84 Zip Code 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. Lam familiar with, and accept the obligations of. Section 607.0505, Florida Statutes. SIGNATURE Stignature, type dior parties name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. 96/6) PST DELETE Change Addition 1.1 TITLE BILLE ANTHONY VESPUCCI 1.2 NAME NAME 800 NE 76TH STREET STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** 14 City-St-ZiP CITY-ST-7/2 VP OFLETE Change Addition 21 TITLE 101.6 **ROBERT PISACANO** 22 NAME NAME 800 NE 76TH STREET STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL** 2 4 CITY-ST-ZIP CHY-S1-ZIP DELETE Change Addition 3 t TITLE TILLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-S1-ZIP DELETE ☐ Change Addition 4.1 TITLE TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS City - ST - ZIP 4.4 CITY-ST-ZIP DELETE ☐ Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** C-TY-ST-ZIP 5.4 CITY-ST-ZIP DEFELE ☐ Change Addition 6.1 TITLE TELLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CiTY-ST-ZIP COLY-ST-ZIP 14. I do 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

CTOR

Date

Daytime Phone #