SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

STREET ADDRESS

	1996	DIVISION OF CO	RPORATIONS	
DOCUMENT # P95000082442 (1)				
TRI-CO	AST ASSOCIATES, INC.			
Principal Place of Business		Mailing Address		
27 OCEAN DRIVE		27 OCEAN DRIVE		
OCEAN RIDGI		OCEAN RIDGE FL 33435		
				3. Date Incorporated or Qualified 3a. Date of Last Report
2 Principal Pl	lace of Business	2a. Mailing Address		10/24/1995 \(\nabla_f\) Applied For
<u> </u>	N Federal Hury	26 27 Ocean	View De	(05°-040 23 177 Not Applied For
Suite, Apt	#, etc	Suite, Apt #, etc	· · · · · · · · · · · · · · · · · · ·	5 Certificate of Status Desired \$8.75 Additional
City & State		27		r to rioquito
	RAYON, TI-	City & State 28 Ocean Rid	co Fi	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zıp	Country	This corporation has liability for intangible tax under s 199.032,
24 334		[29] <u>33435</u> [3	ol USA	Florida Statutes X Yes No
20	9. Name and Address of Current	Hegistered Agent	10. Name and Address of New Registered Agent	
	MBROSKI, MARK OCEAN DRIVE		Address (P.O. Box Number is Not Acceptable)	
	OCEAN RIDGE FL 33435			7 Caranylew Drive
			83	
84 City				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 re 	egistered agent, or both, in the State of m familiar with, and accept the obligati	Florida, Such change was auth	orized by the corp	oration's board of directors. I hereby accept the appointment as registered
SIGNATURE	·			
12.	Signature, typed or printed name of registered agent OF FICERS AND		Registered Agent signature	required when reinstalings DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSD	DELETE	1.1 TITLE	PS Change Addition
NAME	DOMBROSKI, MARK	_	1.2 NAME	Deinbroski, Mark
STREET ADDRESS	27 OCEAN DRIVE		1.3 STREET ADDRESS	at oceanview Drive
CITY-ST-ZIP	OCEAN RIDGE FL 33435	25.536	1.4 CITY-ST-ZIP	Ocean Ridge FL 33435
TITLE	DOMEDOCKI CHCAN	DELETE	2 1 TITLE	VTD Change Addition
NAME STREET ADDRESS	DOMBROSKI, SUSAN 27 OCEAN DRIVE		2.2 NAME 2.3 STREET ADDRESS	at Ocean view Drive
CITY-ST-ZIP	OCEAN RIDGE FL 33435		2 4 CITY - ST - ZIP	Ocean Ridge FL 33435
TITLE		DELETE	3.1 THTLE	Change Addition
NAME			3.2 NAME	
STREET ADORESS			3 3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	3.4 CITY-ST-ZIP 4.1 TIYLE	Change Addition
NAME		<u></u>	4 2 NAME	
STREET ADDRESS			4 3 STREET ADORESS	
CITY-ST-ZIP			4 4 CITY - ST - ZIP	
TITLE		DELETE	5 I TITLE	Cnarige Addition
NAME STREET ADDRESS			5.2 NAME	
CITY-ST-ZIP			5 3 STREET ADDRESS 5 4 CITY - ST - ZIP	
TITLE		DELETE	61 TITLE	Charge Addition
NAME		_	6.2 NAME	

CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 trusted empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6 3 STREET ADDRESS

SIGNATURE: SIGNATURE AND TYPES OF 561 467 274 0184 SUSAN DON Drosk 7/30/96