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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998 DOCUMENT #

P96000011264 (4)

TRI-STONE REALTY CORPORATION

Principal Place of Business

5200 TOWN CENTER CIRCLE

Mailing Address

5200 TOWN CENTER CIRCLE

FILED Feb 18 1998 8:00am Secretary of State



| BOCA RATON | 1 FL 33496 | 4TH FLOOR BOCA RATON FL 33486 | | | DO NOT WRIT | DO NOT WRITE IN THIS SPACE | | | |
|--|--|----------------------------------|----------------|---|---|----------------------------|---------------|--------------------|--|
| DOOK HATO | DOWN TRACE COMME | | | | 3. Date Incorporated or Qualified | | | | |
| | | | | | 02/05/1996 | | | | |
| | lace of Business | 2a. Mailing Address | | | 4. FEI Number | | Ar | plied For | |
| 21 /SO EAS | TPALMETTO PARK ROAM | 26 / SU EAST PALM | ETTO PAT | K ROA | <u>/ 65-0658094</u> | | No | ot Applicable | |
| Suite, Apt. | #, etc. FLusR | Suite, Apt. # etc. 27 42 Floor | | | 5. Certificate of Status Desired | | | Additional equired | |
| City & State | 9 | City & State | / | | 6. Election Campaign Financing | | \$5.00 | May Be | |
| 23 BOCA 1 | | | LORIAN | | Trust Fund Contribution | | Added | | |
| Zip | Country | Zip | Country | | 8. This corporation owes or has p | - | | - ' | |
| 24 3343 | | 1-1 00 100 | 30 US, | 4 | Personal Property Tax due June | | | J No | |
| 9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent A NEDDA CHED CTEVEN M DA 81 Name A | | | | | | | | | |
| AUERBACHER, STEVEN M PA | | | | ľ | QUERBACHER, STEVEN N | 1 PA | | İ | |
| 5200 TOWN CENTER CIRCLE | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 4TH FLOOR | | | | | SO EAST PALMETTO PACK RE | AA | | | |
| BOCA RATON FL 33486 | | | 83 | 4 | 4±1 Floor | | | | |
| | | | 84 | City n | ۸. | | | Code | |
| 44 Purcuant | to the provisions of Sections 607 0502 | and 607 1508. Elorida Statutor | o the phove | / <u>\</u> | oca ICATon | FL | | 32 | |
| 11. Pursuant to the provisions of Soctions 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 tamiliar with, and accept the obligations of, Section 607.0505, Fiorida Statutes. | | | | | | | | | |
| SIGNATURE | AUERBACHER, STEV. Signature, typed or printed name of registered agent | and the if applicable (NOTE | Registered Are | nl sonalure i | required when reinstating) | DATE | | | |
| 12. | OFFICERS AND | | 13. | in organization or a | ADDITIONS/CHANGES TO OFFI | | DIRECTOR | S IN 12 | |
| TITLE | D | ☐ DELETE | 1.1 TITLE | | | | Change | Addition | |
| NAME | MANDOR, LEONARD | | 1.2 NAME | | | . ^ | | | |
| STREET ADDRESS | 5200 TOWN CENTER CIRCLE, | 4TH FLOOR | 1.3 STREET | ADDRESS | 150 EAST PALMETTO PAR | | 444 | LOOR | |
| CITY-ST-ZIP | BOCA RATON FL 33486 | | 1.4 CITY-S | r-ZIP | BOCA RATON FL. 334 | 32 | | | |
| TITLE | Ď | ☐ DELETE | 2.1 TITLE | | | | Change | Addition | |
| NAME | MANDOR, ROBERT | | 2.2 NAME | | | | • | | |
| STREET ADDRESS | 5200 TOWN CENTER CIRCLE, 4TH FLOOR | | | ADDRESS | 150 EAST PALMETTO RAN | K ROAD | 4# FL | خدا | |
| CITY+ST-ZIP | BOCA RATON FL 33486 | | 2. 4 CITY - S | - 1 | BOCA RATON FL. 33412 | - · | | | |
| TITLE | D | ☐ DELETE | 3.1 TITLE | | | | Change | Addition | |
| NAME | ZUCKER, MICHAEL | | 3.2 NAME | | 150 EAST PALMETTS PARK | DAAA | HHCD | | |
| STREET ADDRESS | 5200 TOWN CENTER CIRCLE, | 4TH FLOOR | 3.3 STREET | ADDRESS | | | 1-72 | ••• | |
| CITY-ST-ZIP | BOCA RATON FL 33486 | | 3.4. CITY - S | T-ZIP | DOCA RATION FL 33432 | | | | |
| TOLE | | ☐ DELETE | 4.1 TITLE | | | | Change | Addition | |
| NAME | | | 4. 2 NAME | | | | | i | |
| STREET ADDRESS | | | 4.3 STREET | ADDRESS | | | | | |
| CITY-ST-ZIP | | | 4.4 CITY - S1 | - ZIP | | | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | | ∟ Change | Addition | |
| NAME | | | 5.2 NAME | ŀ | | | | Ì | |
| STREET ADDRESS | | | 5.3 STREET | ADDRESS | | | | | |
| CITY-ST-ZIP | | DOLETE | 5.4 CITY-ST | - ZIP | | | Γ <u> </u> | 14400 | |
| TITLE | : | LJ DELETE | 6.1 TITLE | | | | Change | ☐ Addition | |
| NAME DIRECT ADDRESS | | | 6.2 NAME | | | | | | |
| STREET ADDRESS | | | 6.3 STREET | | | | | | |
| 14 hereby c | ertify that the information supplied with | this filing does not qualify for | 6.4 CITY-ST | | d in Section 119 07(3Vi) Florido Statutos | further cor | tifu that the | information | |
| 14. Thereby 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 find 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 riceview of increase employeed to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or of an attachner with an address. | | | | | | | | | |