

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

FILED
Feb 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000021432 (5)**
1. Corporation Name
TRI-STONE CAPITAL CORPORATION



Principal Place of Business 5200 TOWN CENTER CIRCLE 4TH FLOOR BOCA RATON FL 33486	Mailing Address 5200 TOWN CENTER CIRCLE 4TH FLOOR BOCA RATON FL 33486
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 150 EAST PALMETTO PARK ROAD Suite, Apt. #, etc. 22 4TH FLOOR City & State 23 BOCA RATON FLORIDA Zip 24 33432		2a. Mailing Address 26 150 EAST PALMETTO PARK ROAD Suite, Apt. #, etc. 27 4TH FLOOR City & State 28 BOCA RATON FLORIDA Zip 29 33432		3. Date Incorporated or Qualified 03/06/1996	
25 USA		30 USA		4. FEI Number 65-0651017 Applied For <input type="checkbox"/> Not Applicable	
9. Name and Address of Current Registered Agent AUERBACHER, STEVEN M 5200 TOWN CENTER CIRCLE SUITE 401 BOCA RATON FL 33486		10. Name and Address of New Registered Agent 81 Name AUERBACHER, STEVEN M. PA. 82 Street Address (P.O. Box Number is Not Acceptable) 150 EAST PALMETTO PARK ROAD 83 4TH FLOOR 84 City BOCA RATON FL 85 Zip Code 33432			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees					
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					

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 **AUERBACHER, STEVEN M. PA**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANDOR, LEONARD	1.2 NAME	
STREET ADDRESS	5200 TOWN CENTER CIRCLE, 4TH FLOOR	1.3 STREET ADDRESS	150 EAST PALMETTO PARK ROAD 4TH FLOOR
CITY-ST-ZIP	BOCA RATON FL 33486	1.4 CITY-ST-ZIP	BOCA RATON FL 33432
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANDOR, ROBERT	2.2 NAME	
STREET ADDRESS	5200 TOWN CENTER CIRCLE, 4TH FLOOR	2.3 STREET ADDRESS	150 EAST PALMETTO PARK ROAD 4TH FLOOR
CITY-ST-ZIP	BOCA RATON FL 33486	2.4 CITY-ST-ZIP	BOCA RATON FL 33432
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUCKER, MICHAEL	3.2 NAME	
STREET ADDRESS	5200 TOWN CENTER CIRCLE, 4TH FLOOR	3.3 STREET ADDRESS	150 EAST PALMETTO PARK ROAD 4TH FLOOR
CITY-ST-ZIP	BOCA RATON FL 33486	3.4 CITY-ST-ZIP	BOCA RATON FL 33432
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE  2/11/98 5:11 PM

CR2E034 (10/97)