

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

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000023651 (8)

1. Corporation Name
TRI-NET SERVICES, INC.

Principal Place of Business
9302 E. MARTIN LUTHER KING BLVD.
SUITE 427
TAMPA FL 33610

Mailing Address
9302 E. MARTIN LUTHER KING BLVD.
SUITE 427
TAMPA FL 33610-7464

3. Date Incorporated or Qualified 03/15/1996	3a. Date of Last Report
4. FEI Number 59-3370956	Applied For <input type="checkbox"/> Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 6024 Francis Drive Suite, Apt. #, etc. 22 City & State 23 Apollo Beach FL Zip 24 33572 Country 25 USA	2a. Mailing Address 26 6024 Francis Drive Suite, Apt. #, etc. 27 City & State 28 Apollo Beach FL Zip 29 33572 Country 30 USA
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9. Name and Address of Current Registered Agent WINCHESTER, JOHN 9302 E. MARTIN LUTHER KING BLVD. SUITE 427 TAMPA FL 33610	10. Name and Address of New Registered Agent 81 Name Winchester, John 82 Street Address (P.O. Box Number is Not Acceptable) 6024 Francis Drive 83 84 City Apollo Beach FL 85 Zip Code 33572
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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: John Winchester (NOTE: Registered Agent signature required when reinstating) DATE: 4-29-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINCHESTER, JOHN	1.2 NAME	
STREET ADDRESS	6024 FRANCIS DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	APOLLO BEACH FL 33572	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SETO, JAY	2.2 NAME	
STREET ADDRESS	1218 LADY ELAINE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL 33594	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETRILLI, JOHN J	3.2 NAME	
STREET ADDRESS	9302 E. MARTIN LUTHER KING BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33610	3.4 CITY-ST-ZIP	
TITLE		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		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		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 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John Winchester DATE: 4-29-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR