

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
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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 Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

2. Principal Place of Business 21 6024 Francis Drive Suite, Apt. #, etc.	2a. Mailing Address 26 6024 Francis Drive Suite, Apt. #, etc.
22 City & State 23 Apollo Beach FL.	27 City & State 28 Apollo Beach FL
24 Zip 33572	25 Country USA
29 Zip 33572	30 Country USA

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	85 Zip Code FL 33572

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* **4-29-97**
(NOTE: Registered Agent signature required when re-stating)

12. OFFICERS AND DIRECTORS

TITLE D	<input type="checkbox"/> DELETE
NAME WINCHESTER, JOHN	
STREET ADDRESS 6024 FRANCIS DRIVE	
CITY-ST-ZIP APOLLO BEACH FL 33572	
TITLE D	<input type="checkbox"/> DELETE
NAME SETO, JAY	
STREET ADDRESS 1218 LADY ELAINE DRIVE	
CITY-ST-ZIP VALRICO FL 33594	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME PETRILLI, JOHN J	
STREET ADDRESS 9302 E. MARTIN LUTHER KING BLVD.	
CITY-ST-ZIP TAMPA FL 33610	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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* **4-29-97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)