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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

DOCUMENT # P96000033597 (1)

1. Corporation Name
TRISTAR VENTURES, INC.

Principal Place of Business
57 FORT ROYAL IS.
FT. LAUDERDALE FL 33308

Mailing Address
57 FORT ROYAL IS.
FT. LAUDERDALE FL 33308-6013



2. Principal Place of Business

21 612 N.E. 14TH AVE

Suite, Apt. #, etc.

22 UNIT B

City & State

23 Fort Lauderdale, FL

Zip

24 33304

Country

25 USA

2a. Mailing Address

26 612 N.E. 14TH AVE

Suite, Apt. #, etc.

27 UNIT B

City & State

28 Fort Lauderdale, FL

Zip

29 33304

Country

30 USA

3. Date Incorporated or Qualified
04/15/1996

3a. Date of Last Report
N/A

4. FEI Number

65-0698325

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LUCAS, RAYMOND J
57 FORT ROYAL IS.
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

612 N.E. 14TH AVE UNIT B

83

84 City

Fort Lauderdale

FL

85 Zip Code

33304

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/30/97

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME LUCAS, RAYMOND J
STREET ADDRESS 57 FORT ROYAL IS.
CITY-ST-ZIP FT. LAUDERDALE FL 33308

TITLE D ☐ DELETE
NAME LEE, ADAM
STREET ADDRESS 57 FORT ROYAL IS.
CITY-ST-ZIP FT. LAUDERDALE FL 33308

TITLE D ☐ DELETE
NAME KOBYLARZ, PAUL
STREET ADDRESS 57 FORT ROYAL IS.
CITY-ST-ZIP FT. LAUDERDALE FL 33308

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 612 N.E. 14TH AVE, UNIT B
1.4 CITY-ST-ZIP Fort Lauderdale, FL 33304

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 612 N.E. 14TH AVE, UNIT B
2.4 CITY-ST-ZIP Fort Lauderdale, FL 33304

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 7208 N.W. 45TH ST.
3.4 CITY-ST-ZIP Coral Springs, FL 33065

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAYMOND J. LUCAS

4/30/97

954-467-1811

Date

Daytime Phone #

CR2E034 (9/96)