

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

FILED
May 13 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P96000055406 (8)

1. Corporation Name
TRI-UNITY, INCORPORATED



| | |
|---|---|
| Principal Place of Business 2955 JEANETTE COVE OVIEDO FL 32765 | Mailing Address 2955 JEANETTE COVE OVIEDO FL 32765 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | |
|---|---------------------------------------|--|
| 3. Date Incorporated or Qualified 07/01/1996 | 4. FEI Number 59-3390044 | 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

| | |
|--|---|
| 2. Principal Place of Business 21 427 GENEVA DR Suite, Apt. #, etc. | 2a. Mailing Address 26 4801 EAGLESHAM DR Suite, Apt. #, etc. |
| 22 City & State OVIEDO, FL | 27 City & State ORLANDO, FL |
| 23 Zip 32765 | 28 Country SEMINOLE |
| 24 Zip 32826 | 30 Country ORANGE |

9. Name and Address of Current Registered Agent

**KNIGHT, T K ESO
 120 SOUTH ORANGE AVENUE
 ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81 Name RAMANLAL N PATEL
82 Street Address (P.O. Box Number is Not Acceptable) 427 GENEVA DR
83
84 City OVIEDO FL 85 Zip Code 32765

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: *R. Patel* (NOTE: Registered Agent signature required when reinstating) DATE: **4-29-98**

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------|---|--|
| TITLE | PD | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PATEL, RAMANLAL N | 1.2 NAME | |
| STREET ADDRESS | 2955 JEANETTE COVE | 1.3 STREET ADDRESS | 4801 EAGLESHAM DR |
| CITY-ST-ZIP | OVIEDO FL 32765 | 1.4 CITY-ST-ZIP | ORLANDO, FL, 32826 |
| TITLE | VD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PATEL, KISHOR N | 2.2 NAME | |
| STREET ADDRESS | 2955 JEANETTE COVE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | OVIEDO FL 32765 | 2.4 CITY-ST-ZIP | |
| TITLE | VD | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PATEL, ARVIND N | 3.2 NAME | |
| STREET ADDRESS | 2955 JEANETTE COVE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | OVIEDO FL 32765 | 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 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 in an attachment with an address.

SIGNATURE: *R. Patel* **RAMANLAL N PATEL** **4-29-98 (407) 366-9343**

CR2E034 (10/97)