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Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90124 010 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000057001
 1. Corporation Name
TRISTAR COMMUNICATIONS CORP.



Principal Place of Business 7710 LAGO DEL MAR DRIVE STE. 504 BOCA RATON FL 33433 US	Mailing Address 7710 LAGO DEL MAR DRIVE STE. 504 BOCA RATON FL 33433 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/28/1996	
21 100 E. Linton Blvd.	26 100 E. Linton Blvd.	4. FEI Number 65-0681257		Applied For Not Applicable	
Suite, Apt. #, etc. 407-B		Suite, Apt. #, etc. 407-B		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State Delray Beach, FL		City & State Delray Beach, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 33483	Country USA	Zip 33483	Country USA	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

GROSS, ELISE
SOULE, LEAL & ASSOCIATES, P.A.
7471 W. OAKLAND PARK BLVD. STE. 110
FT LAUDERDALE FL 33319

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
7590 Martinique Blvd.

83

84 City
Boca Raton FL 85 Zip Code
33433

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 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 *Elise Gross* **Elise Gross, President** **1/6/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	GROSS, ELISE	
STREET ADDRESS	7710 LAGO DEL MAR DRIVE STE. 504	
CITY-ST-ZIP	WEST PALM BEACH FL 33433	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GROSS, NATHAN	
STREET ADDRESS	7710 LAGO DEL MAR DR ST 504	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	Gross, Nathan	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	7590 Martinique Blvd.
1.4 CITY-ST-ZIP	Boca Raton, FL 33433
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	7590 Martinique Blvd.
2.4 CITY-ST-ZIP	Boca Raton, FL 33433
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Secretary
3.3 STREET ADDRESS	Gross, Nathan
3.4 CITY-ST-ZIP	7590 Martinique Blvd.
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Treasurer
4.3 STREET ADDRESS	Gross, Nathan
4.4 CITY-ST-ZIP	7590 Martinique Blvd.
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 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, with all other like empowered.

SIGNATURE: *Elise Gross* **Elise Gross** **1/6/99** **561-477-4000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)