


FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90056 013 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000077327
 1. Corporation Name
TRI-W GROUP, INC.

 Principal Place of Business
2713 1ST AVENUE NORTH
SAINT PETERSBURG FL 33713

 Mailing Address
2713 1ST AVENUE NORTH
SAINT PETERSBURG FL 33713


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6600 Colony Dr. S. Suite, Apt. #, etc.		2a. Mailing Address 26 6600 Colony Dr. S. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 09/17/1996	
22. City & State 23 St. Petersburg FL		27. City & State 28 St. Petersburg FL		4. FEI Number 59-3401229	
24. Zip 33705		25. Country U.S.A		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required.	
26. Zip 33705		27. Country U.S.A		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
28. Zip 33705		29. Country U.S.A		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134				10. Name and Address of New Registered Agent 81 Name DAVID WERNER 82 Street Address (P.O. Box Number is Not Acceptable) 6600 Colony Dr. South 83 84 City St. Petersburg FL 85 Zip Code 33705	

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-5-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WERNER, DAVID E	1.2 NAME	
STREET ADDRESS	2713 1ST AVENUE NORTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	SAINT PETERSBURG FL 33713	1.4 CITY-ST-ZIP	
TITLE	VSTD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WERNER, DAVID E	2.2 NAME	
STREET ADDRESS	2713 1ST AVE NORTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33713	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 on an attachment with an address, with all other like empowered.

SIGNATURE:

David Werner, President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 15/99 **727-327-7726**
 Daytime Phone #

CR2024 (11/98)