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Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90037 035 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000016725

1. Corporation Name
TRI-FLAG, INC.

Principal Place of Business
**500 NW 8TH ST
FORT LAUDERDALE FL 33302
US**

Mailing Address
**500 N.W. 8TH STREET
FORT LAUDERDALE FL 33311**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/20/1997

4. FEI Number

18-3526185

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 **501 N. Federal Hwy**

Suite, Apt. #, etc.

City & State

23 **Ft. Lauderdale, FL**

Zip

24 **33301**

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**JIMMIE, PENNY L
500 NW 8TH ST
FORT LAUDERDALE FL 33311-7338**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 Zip Code

Penny L. Jimmie

501 N. Federal Hwy

Ft. Lauderdale

FL

33301

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D JIMMIE, EDWARD JOHN**
STREET ADDRESS **500 N.W. 8TH STREET**
CITY-ST-ZIP **FORT LAUDERDALE FL 33311**

TITLE ☐ DELETE

NAME **D JIMMIE, PENNY LEE**
STREET ADDRESS **500 N.W. 8TH STREET**
CITY-ST-ZIP **FORT LAUDERDALE FL 33311**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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: **Penny L. Jimmie**

SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/99 954-467-1914

CR2E034 (11/98)