

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

FILED

Jun 17 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000017039 (3)**

1. Corporation Name  
**TRICOASTAL INDUSTRIES, INC.**



Principal Place of Business  
**1155 HILLSBORO MILE  
APT #104  
HILLSBORO BEACH FL 33062**

Mailing Address  
**1155 HILLSBORO MILE  
APT #104  
HILLSBORO BEACH FL 33062**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>16909 Terra Tranquilla Drive</b> Suite, Apt. #, etc.	2a. Mailing Address <b>16909 Terra Tranquilla Drive</b> Suite, Apt. #, etc.
22. City & State <b>BOCA RATON FL</b>	27. City & State <b>BOCA RATON FL</b>
23. Zip <b>33438</b>	28. Zip <b>33438</b>
24. Country <b>USA</b>	30. Country <b>USA</b>

3. Date Incorporated or Qualified <b>02/19/1997</b>	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**ORLOFF, MARYANN V  
1155 HILLSBORO MILE  
APT #104  
HILLSBORO BEACH FL 33062**

10. Name and Address of New Registered Agent 81. Name <b>ERIC DIAZ</b> 82. Street Address (P.O. Box Number is Not Acceptable) <b>23093 Old Inlet Bridge Drive</b> 83. City <b>BOCA RATON</b> 84. State <b>FL</b> 85. Zip Code <b>33438</b>
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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 **Eva Ocasio** DATE **3/23/98**  
Signature typed or printed here, or registered agent's name and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>ORLOFF, WALTER</b>	
STREET ADDRESS <b>1155 HILLSBORO MILE APT #104</b>	
CITY-ST-ZIP <b>HILLSBORO BEACH FL 33062</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 registered 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 the attached list with an address.

CR2E034 (10/97)