

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

FILED  
May 12 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000031872 (9)  
1. Corporation Name  
TRIPOINT SYSTEMS DEVELOPMENT CORP.



Principal Place of Business

4835 E. 10TH COURT  
MIAMI FL 33013

Mailing Address

4835 E. 10TH COURT  
MIAMI FL 33013

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/08/1997

4. FEI Number

65-0760037

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 101 W. GRAND AVE.

Suite, Apt. #, etc.

22 SUITE 200

City & State

23 CHICAGO, ILLINOIS

Zip

24 60610

Country

25 COOK

2a. Mailing Address

26 101 W. GRAND AVE

Suite, Apt. #, etc.

27 SUITE 200

City & State

28 CHICAGO ILLINOIS

Zip

29 60610

Country

30 COOK

9. Name and Address of Current Registered Agent

WILLIG, DAVID S  
141 NE 3RD AVE., 10TH FLOOR  
MIAMI FL 33132

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 PRESIDENT ☐ DELETE  
NAME STEVEN CARTER  
STREET ADDRESS 824 WASHINGTON  
CITY-ST-ZIP EVANSTON ILLINOIS 60202

TITLE VICE PRESIDENT ☐ DELETE  
NAME MICHAEL SAMBRANO  
STREET ADDRESS 3543 N. FREEMONT, APT 3  
CITY-ST-ZIP CHICAGO ILLINOIS 60657

TITLE SECRETARY ☐ DELETE  
NAME RALPH RAGBECK  
STREET ADDRESS 830 WASHINGTON, APT 3N  
CITY-ST-ZIP EVANSTON, ILLINOIS 60202

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE: RALPH RAGBECK, SECRETARY 4/27/98 312 222-9494

CR2E034 (10/97)