May 05, 1999 8:00 am Secretary of State

05-05-1999 90030 038 \*\*\*150.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700049010

1. Corporation Name

TRI-FON, INC.

Principal Place of Business Mailing Address							
7945 DILIDO BLVD 7945 DILIDO BLVD MIRAMAR FL 33023 MIRAMAR FL 33023					DO NOT WRITE IN	THIS SPACE	
	the same of				3. Date Incorporated or Qualifed	INIS SPACE	
	. ,				06/04/1997—		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	1 1	plied For
21		26			65-0788918	<del></del>	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	<b>\$8.75</b> A Fee Re	
City & State	re	City & State			6. Election Campaign Financing	\$5.00	May Be
23	•	28			Trust Fund Contribution	Added to	, ,
Zip	Country	Zip	Country		8. This corporation owes the current year	ar Intangible	
24	25	29	0		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registe	red Agent	
			81	Name			
ULETT, JOHN				Street Add	ress (P.O. Box Number is Not Acceptable)		
7945 DILIDO BLVD							
MIKA	AMAR FL 33023		83				
			84	City		85 Zip C	Code
				'		<b>FL</b>   `	
l office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Stat im familiar with, and accept the oblig	e of Florida. Such change was auf	norized nv	the cornorate	poration submits this statement for the purpos on's board of directors. I hereby accept the a	ppointment as reg	gistered
SIGNATURE	Signature, typed or printed name of registered as	and and title if controokle (MOTE: 8	enetered Aper	nt signature require	ed when reinstating} DAT	<u> </u>	
12.		ND DIRECTORS	13,	it aignatura requise	ADDITIONS/CHANGES TO OFFICER		RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			Change	Addition
NAME	ULETT, JOHN		12 NAME				
STREET ADDRESS	7945 DILIDO BLVD		1.3 STREE	ADDRESS			ļ
CITY-ST-ZIP	MIRAMAR FL 33023		1.4 CITY-5				
TITLE	VD ·	☐ DELETE	2.1 TITLE			Change	Addition
NAME	ULETT, DANE		2.2 NAME				
STREET ADDRESS	7945 DILIDO BLVD		2.3 STREET	TADDRESS			
CITY-ST-ZIP	MIRAMAR FL 33023		2. 4 CITY-S	ST-ZIP			
TITLE	STD	☐ DELETE	3.1 TITLE	-		Change	☐ Addition
NAME	ULETT, JANICE		3.2 NAME				ĺ
STREET ADDRESS	TAKE DILIDO DILID		3.3 STREET	T ADDRESS	. * * *	•	ļ
CITY-ST-ZIP	MIRAMAR FL 33023		3.4. CITY-5	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	TADDRESS			
CITY-ST-ZIP			4.4 CITY-S	i			
TITLE	· · ·	☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				

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 apraddress, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

☐ Addition