


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

FILED  
May 11 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000063075 (0)

1. Corporation Name

TRI-STAR HOLDING CO., INC.

Principal Place of Business

1703 LA FOREST AVE.  
SAFETY HARBOR FL 34695

Mailing Address

1703 LA FOREST AVE.  
SAFETY HARBOR FL 34695



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <del>21</del>		26		07/02/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3459007	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24		29			
Country		Country			
25		30			

9. Name and Address of Current Registered Agent

HETTING, FARRELL N  
1703 LA FOREST AVE.  
SAFETY HARBOR FL 34695

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

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 Farrell Hettig DATE 4-15-98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	Pres.	<input type="checkbox"/> DELETE		1.1 TITLE	Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	Bert Gressman			1.2 NAME	Bert Gressman		
STREET ADDRESS				1.3 STREET ADDRESS	3410 Killdeer PL		
CITY-ST-ZIP	Palm Harbor, FL			1.4 CITY-ST-ZIP	Palm Harbor, FL 34685		
TITLE	V.P. Pres.	<input type="checkbox"/> DELETE		2.1 TITLE	V.P. Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	Farrell Hettig			2.2 NAME	Farrell A. Hettig		
STREET ADDRESS	1703 LaForest Ave.			2.3 STREET ADDRESS	1703 LaForest Ave.		
CITY-ST-ZIP	Safety Harbor, FL 34695			2.4 CITY-ST-ZIP	Safety Harbor, FL 34695		
TITLE	Sec.	<input type="checkbox"/> DELETE		3.1 TITLE	Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	Katharine Hettig			3.2 NAME	Katharine G. Hettig		
STREET ADDRESS	1703 LaForest Ave.			3.3 STREET ADDRESS	1703 LaForest Ave.		
CITY-ST-ZIP	Safety Harbor, FL 34695			3.4 CITY-ST-ZIP	Safety Harbor, FL 34695		
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.

SIGNATURE: Farrell Hettig Farrell Hettig 4-15-98 813-791-1874

CR2E034 (10/97)