

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

FILED  
Jul 02 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000069791 (6)**  
1. Corporation Name

**TRI STAR FUNDING INCORPORATED**

Principal Place of Business

**950 N. COLLIER BLVD.  
MARCO ISLAND FL 34145**

Mailing Address

**950 N. COLLIER BLVD.  
MARCO ISLAND FL 34145**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/11/1997</b>	
21	Suite, Apt. #, etc.	26	<b>560 20th Ave NE</b>	4. FEI Number <b>593460290</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State <b>Naples FL</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Zip <b>34120</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country <b>Collier</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

**ORKNEY-SMITH, LISA  
950 N. COLLIER BLVD.  
SUITE 420  
MARCO ISLAND FL 34145**

10. Name and Address of New Registered Agent

81	Name <b>LISA ORKNEY-SMITH</b>
82	Street Address (P.O. Box Number is Not Acceptable) <b>560 20th Ave NE</b>
83	
84	City <b>Naples</b>
85	Zip Code <b>FL 34120</b>

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ORKNEY, KENNETH J</b>	1.2 NAME	
STREET ADDRESS	<b>808 CHESTNUT COURT</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MARCO ISLAND FL 34145</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ORKNEY, CARL F</b>	2.2 NAME	
STREET ADDRESS	<b>115 AUDUBON ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL 34114</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, LISA O</b>	3.2 NAME	<b>Lisa Orkney-Smith</b>
STREET ADDRESS	<b>18080 S. PEBBLE LANE</b>	3.3 STREET ADDRESS	<b>560 20th Ave NE Naples FL 34120</b>
CITY-ST-ZIP	<b>S. FT. MYERS FL 33912</b>	3.4 CITY-ST-ZIP	
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:

*Lisa Orkney-Smith*

**6/22/98 941/4559500**

CR2E034 (1097)