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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000079451

1. Corporation Name

TRI COUNTY INVESTMENTS CORP.

Principal Place of Business	Mailing Address
18206 SOUTHWEST 26TH COURT MIRAMAR FL 33029	18206 SOUTHWEST 26TH COURT MIRAMAR FL 33029

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90195 005 ***158.75



Principal Place of Business Mailing Address						••••			
18206 SOUTHWEST 26TH COURT 18206 SOUTHWEST 26TH COUI MIRAMAR FL 33029 MIRAMAR FL 33029			COURT			,			
MINAMAN FL 33025		MICHIGAL LE 20052		DO NOT WRITE IN THIS SPACE					
						 Date Incorporated or Qualified 09/15/1997 			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	A	applied For	
21 26						65-0780549	N	lot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired \$8.75-Additional Fee Required			
City & State City & State						6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution	Added	to Fees	
Zip				Country 8. This corporation owes the current year Intangible					
24	25	29	30			Personal Property Tax.	Yes	□No	
	9. Name and Address of Current	Registered Agent		041	Mana	10. Name and Address of New Registered	Agent		
CAC	TOO ENDIOLE			81	Name				
CASTRO, ENRIQUE 18206 SW 26TH CT MIRAMAR FL 33029				82 Street Address (P.O. Box Number is Not Acceptable)					
			0.7	<u>.</u>			-		
IVIIIIV	WANT I L 33025			83					
				84	City	FL	85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statut	tes, the a	bove bv t	-named cor	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appoin	changing it	ts registered registered	
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Flo	rida Stat	utes.		, , ,			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE	- Registered	Agent	signature requi	ired when reinstating) DATE		\	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECT	ORS IN 12	
TITLE	PTD	DELETE	1.1 ∏	TLE _			Change	Addition	
NAME	CASTRO, JACQUELINE		1.2 N	AME					
			1.3 S	TREET.	ADORESS				
CITY-ST-ZIP	MIRAMAR FL 33029		1.4 CI	ITY-ST	-ZIP				
TITLE	SVD	☐ DELETE	2.1 TI				Change	Addition	
NAME	CASTRO, ENRIQUE		2 2 N	AME					
STREET ADDRESS	18206 SOUTHWEST 26TH COU	RT	2.3 S	TREET	ADDRESS				
CITY-ST-ZIP	-MIRAMAR FL 33029	···	2.40	ITY-S1	T- ZIP				
TITLE		☐ DELETE	3.1 11			- 1- 10 10 10 10 10 10 10 10 10 10 10 10 10 	Change	e ☐ Addition	
NAME			3.2 N	AME					
STREET ADDRESS			3.3 \$	TREET	ADDRESS				
CITY-ST-ZIP			3.4. C	ITY-ST	r-ziP				
TITLE		☐ DELETE	4.1 TI	TLE			[] Change	Addition	
NAME			4. 2 N	IAME		•			
STREET ADDRESS			4.3 S	TREET	ADDRESS				
CITY-ST-ZIP				TY-ST	-ZIP				
TITLE		☐ DELETE	5.1 TI		.]	·	☐ Change	Addition	
NAME			5.2 N						
STREET ADDRESS			H		ADDRESS				
CITY-ST-ZIP				ITY-ST	-ZIP			·	
Tim C	1	□ DELETE	6.1 71	ILE			[] Change	e 🔲 Addition	

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 manged, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS