


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

FILED
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90033 018 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000057880					
1. Corporation Name TRI-MINJ MANAGEMENT COMPANY					
Principal Place of Business 5900 N. ANDREWS AVENUE SUITE 824 FORT LAUDERDALE FL 33309			Mailing Address 5900 N. ANDREWS AVENUE SUITE 824 FORT LAUDERDALE FL 33309		
2. Principal Place of Business 21 14354 Cypress Island Ct Suite, Apt. #, etc. 22 City & State 23 Palm Beach Gardens, FL Zip Country 24 33410 25 Palm Beach		2a. Mailing Address 26 14354 Cypress Island Ct Suite, Apt. #, etc. 27 City & State 28 Palm Beach Gardens, FL Zip Country 29 33410 30 Palm Beach		3. Date Incorporated or Qualified 06/29/1998	
				4. FEI Number 65-0848959	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent ROSENSTOCK, PATRICIA A 5900 N. ANDREWS AVENUE SUITE 824 FORT LAUDERDALE FL 33309			10. Name and Address of New Registered Agent 81 Name Patricia A. Rosenstock 82 Street Address (P.O. Box Number is Not Acceptable) 14354 Cypress Island Court 83 84 City Palm Beach Gardens FL 85 Zip Code 33410		
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 2/ /99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE NAME D ROSENSTOCK, PATRICIA ANN STREET ADDRESS 5900 N. ANDREWS AVENUE SUITE 824 CITY-ST-ZIP FORT LAUDERDALE FL 33309			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME D Rosenstock, Patricia Ann 1.3 STREET ADDRESS 14354 Cypress Island Court 1.4 CITY-ST-ZIP Palm Beach Gardens, FL 33410		
TITLE <input type="checkbox"/> DELETE NAME D ROSENSTOCK, MITCHELL LEE STREET ADDRESS 5900 N. ANDREWS AVENUE SUITE 824 CITY-ST-ZIP FORT LAUDERDALE FL 33309			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME D Rosenstock, Mitchell Lee 2.3 STREET ADDRESS 14354 Cypress Island Court 2.4 CITY-ST-ZIP Palm Beach Gardens, FL 33410		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 with all other like empowered.

SIGNATURE:

Patricia A. Rosenstock
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/99
Date

561-799-6112
Daytime Phone #

CR2E034 (11/98)

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