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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000092684

FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90031 029 ***150.00

TRI HOM	MES, INC.							
Principal Place	a of Business	Mailing Address			100 126	148		
Principal Place of Business Mailing Address 8249 SOUTH US #1 8249 SOUTH US #1								
PORT ST LUCIE FL PORT ST LUCIE FL								
						DO NOT WRITE IN T	HIS SPACE	
					3. Date incorp.	orated or Qualifed		
	Place of Business	2a. Mailing Address	***		4. FEI Number			plied For
21 825	7 5 US #	26 8257	5 U	15 #1	65-	087 46		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of	Status Desired	\$8.75 A	
22	الموسد الأسراب المراس	27.	<u> </u>		<u> </u>			quired
City & Stat	te	City & State			F .	npaign Financing	\$5.00 Added to	
Zip	Country	28 . Zip	Cou	ntry	Trust Fund (o rees
24 3 4	9 ラン 25	29 34952	30	y	Personal Pre	ition owes the current year		ZNo
24 > 9	9. Name and Address of Curre		30			Address of New Register		
				81 Name				
	ENWALT, ALVIN E			82 Street Ad	Idroce (D.O. Boy Num	her is Not Acceptable)		
	SOUTH US #1			Sileer Au	reet Address (P.O. Box Number is Not Acceptable)		1	
POR	T ST LUCIE FL			83				
				84 City			85 Zip C	code:
				'			L 34	952
11. Pursuant	to the provisions of Sections 607.05 registered agent, or both, in the Stat	502 and 607.1508, Florida Stat	utes, the a	bove-named co	rporation submits this	statement for the purpose	of changing its	registered
				l hii iba aaraara	diam's based of disease			
office or r agent. I a	egistered agent, or both, in the Stat im familiar with, and accept the oblig	e of Florida. Such change was pations of, Section 607.0505, F	authorized Iorida Stati	l by the corpora utes.	tion's board of direct	ors. I hereby accept the ap	pointment as reg	jistered
office or r agent. I a SIGNATURE	im familiar with, and accept the oblig	gations of, Section 607.0505, F	londa Stati					Jistered
agent, I a SIGNATURE	Im familiar with, and accept the oblig	gations of, Section 607.0505, F	TE: Registered		uired when reinstating)	DATE		
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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 cath; 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 angress, with all other like empowered.

SIGNATURE: