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 # P9900000154

1. Corporation Name

TRI-VEST ENTERPRISES, INC.

Principal Plac	e of Business	Mailing Address				1 12511251 115 15113 15111 55111 55111 55111	BE::: 88181 (1881	#1111 #1#1 1##1
33296 OHIO AVI RIDGE MANOR I		33296 OHIO AVENUE RIDGE MANOR FL 33523				DO NOT WRITE IN THI	S SPACE	
						3. Date Incorporated or Qualifed 12/31/1998		
2. Principal P	2a. Mailing Address				4. FEI Number	L	pplied For	
21		26				59-3564587		lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	27			5. Certifcate of Status Desired		
City & Star	te	City & State -			· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing Trust Fund Contribution	•	May Be to Fees
Zip	Country	Zip	ຸ Cour	ıtry		8. This corporation owes the current year to		55 0.
24	25	29 30	D]			Personal Property Tax.	☐ Yes	No
	9. Name and Address of Curre	nt Registered Agent		81	Name	10. Name and Address of New Registered	3 Agent	
AI IVII	L, JON L		1	ا''	Name			
37837 MERIDIAN AVENUE, SUITE 314				82	Street Addre	ress (P.O. Box Number is Not Acceptable)		
	CITY FL 33525	•	-	83		<u> </u>		
	,							
				84	City	F	85 Zip	Code
office or i	registered agent, or both, in the State am familiar with, and accept the obliga-	of Florida. Such change was auth	orized	by tr	named corpo ne corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its ointment as re	s registered egistered
	Signature, typed or printed name of registered age		_	Agent :	signature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIDECT	ODC (N) 12
12.	OFFICERS AI	ND DIRECTORS	13.	ı E		ADDITIONS/CHANGES TO OFFICERS A	Change	
TITLE	BAAKE, MICHAEL D			NAME				
NAME STREET ADDRESS					NODRESS			
CITY-ST-ZIP	RIDGE MANOR FL 33523		1.4 CIT			•		
TITLE	D	☐ DELETE 2.1 TI			-		☐ Change	☐ Addition
NAME	BICKFORD, MARY T			NAME				
	5544 FAIRWAY DRIVE		2.3 STF	REET A	NODRESS			
CITY-ST-ZIP	RIDGE MANOR FL 33523		2. 4 CIT	IY-ST-	- ZIP			
TITLE	D	DELETE .	3.1 TIT	LE			☐ Change	Addition
NAME	BERRY, STEVEN W		3.2 NA	ME				
STREET ADDRESS	33296 OHIO AVENUE		3.3 STF	REETA	NODRESS			ļ
CITY-ST-ZIP	RIDGE MANOR FL 33523	<u></u>	3.4. CIT	_	-ZIP		Cichanas	Addition
TITLE		☐ DELETE	4.1 TITI				Change	
NAME			4. 2 NA					
STREET ADDRESS	5		ľ		VODRESS			}
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CIT 5.1 TITI		AIP		☐ Change	Addition
NAME			5.2 NA		İ			_
STREET ADDRESS			5.3 ST	REETA	ADDRESS			\
CITY-ST-ZIP			5.4 CIT	Y-ST-	ZIP			}
TITLE	 	☐ DELETE	6.1 TITI	ĹΕ			☐ Change	Addition
NAME			6.2 NA	ME				}
070554 4005550	,		6.3 ST	REFTA	ADDRESS			

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.

6.4 CITY-ST-ZIP

SIGNATURE: 🗷

CITY-ST-ZIP

Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90045 006 ***150.00

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