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Feb 26 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S06033 (2)

1. Corporation Name
TRICOR, INC.



Principal Place of Business

% SHERMAN SMITH
198 NW 10TH COURT
BOCA RATON FL 33486

Mailing Address

1355 W PALMETTO PARK RD
SUITE 101
BOCA RATON FL 33486-3303
US

2. Principal Place of Business

21 1201 SW 4th CT.
Suite, Apt. #, etc.

22 City & State

23 Boca Raton, FL

24 Zip 33432

25 Country Palm Beach

2a. Mailing Address

26 1201 SW 4th CT.
Suite, Apt. #, etc.

27 City & State

28 Boca Raton, FL

29 Zip 33432

30 Country Palm Beach

3. Date Incorporated or Qualified
10/16/1990

3a. Date of Last Report
04/22/1996

4. FEI Number
65-0222312

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SMITH, SHERMAN
198 NW 10TH CT
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

81 Name Sherman Smith

82 Street Address (P.O. Box Number is Not Acceptable)
1201 SW 4th CT.

83

84 City Boca Raton

FL

85 Zip Code 33432

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 hereby accepting the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Sherman Smith Sherman Smith President

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT
NAME SMITH, SHERMAN
STREET ADDRESS 198 NW 10TH CT.
CITY-ST-ZIP BOCA RATON FL ☐ DELETE

TITLE S
NAME SMITH, ANN
STREET ADDRESS 198 NW 10TH CT
CITY-ST-ZIP BOCA RATON FL ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PT
1.2 NAME Smith, Sherman
1.3 STREET ADDRESS 1201 SW 4th CT
1.4 CITY-ST-ZIP Boca Raton, FL 33432 ☐ Change ☐ Addition

2.1 TITLE S
2.2 NAME Smith, Ann
2.3 STREET ADDRESS ~~198 NW 10th CT.~~ 1201 SW 4th CT.
2.4 CITY-ST-ZIP Boca Raton, FL 33432 ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:

Sherman Smith Sherman Smith, Pres. 1/10/97 5613958255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)