

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 # S29414

1. Corporation Name
TRI-SOUTH, INC.

Principal Place of Business
~~KTG&S REGISTERED AGENT CORPORATION~~
~~100 SE 2ND ST., 28 FLOOR~~
~~MIAMI FL 33131~~

Mailing Address
~~KTG&S REGISTERED AGENT CORPORATION~~
~~100 SE 2ND ST., 28 FLOOR~~
~~MIAMI FL 33131~~

2. Principal Place of Business
21 201 S. Biscayne Blvd.
Suite, Apt. #, etc.

2a. Mailing Address
26 201 S. Biscayne Blvd.
Suite, Apt. #, etc.

22 Suite # 2000

27 Suite # 2000

23 Miami, Florida

28 Miami, Florida

24 33131 25 USA

29 33131 30 USA

9. Name and Address of Current Registered Agent

~~KTG&S REGISTERED CORPORATION~~
~~100 SE 2ND ST.~~
~~28 FLOOR~~
~~MIAMI FL 33131~~

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

02/05/1991

4. FEI Number
65-0242343

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 *Marc Auerbach*
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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
STD	SCHLUSSEL, MATT	9372 NW 101 STREET	MEDLEY FL	<input type="checkbox"/>
PD	BECK, JEFF	9372 NW 101 STREET	MEDLEY FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90055 034 ***150.00



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CR2E034 (11/98)