

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Aug 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # S69454 (4)

1. Corporation Name
TRI-B FLORIDA INC.

Principal Place of Business
SUITE 3020
225 S. WESTMONTE DRIVE
ALTAMONTE SPRINGS FL 32714

Mailing Address
SUITE 3020
225 S. WESTMONTE DRIVE
ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/30/1991

4. FEI Number
98-0120555

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 2221 Lee Road

22 Suite, Apt. #, etc.
Suite 24

23 City & State
Winter Park, FL

24 Zip
32789

25 Country
USA

2a. Mailing Address

26 2221 Lee Road

27 Suite, Apt. #, etc.
Suite 24

28 City & State
Winter Park, FL

29 Zip
32789

30 Country
USA

9. Name and Address of Current Registered Agent

PRATT, JAMES R ESQ.
GRAHAM, CLARK, JONES, BUILDER, PRATT & MARKS
369 NORTH NEW YORK AVENUE, 3RD FLOOR
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 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

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 PSD ☐ DELETE

NAME SLIVER, SHOEL
STREET ADDRESS 1 YORKDALE RD #510
CITY-STATE-ZIP N.YORK, ONT., CANADA

TITLE VSD ☐ DELETE

NAME COOPER, BERNARD
STREET ADDRESS 1 YORKDALE RD #510
CITY-STATE-ZIP N.YORK, ONT., CANADA

TITLE T ☒ DELETE

NAME COOPER, BERNARD
STREET ADDRESS 1 YORKDALE RD #510
CITY-STATE-ZIP N.YORK, ONT., CANADA

TITLE AS ☐ DELETE

NAME LUBIN, LAWRENCE
STREET ADDRESS 333 BANBURY ROAD
CITY-STATE-ZIP NORTH YORK ON

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME V D T
2.3 STREET ADDRESS Bernard Cooper
2.4 CITY-STATE-ZIP 2221 Lee Road, Suite 24
Winter Park, FL 32789

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME Secretary
4.3 STREET ADDRESS Lawrence Lubin
4.4 CITY-STATE-ZIP 2221 Lee Road, Suite 24
Winter Park, FL 32789

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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.

SIGNATURE:

REQUIRE

11/4/2008 (416) 785-6000

CR2E034 (5/98)