


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 06 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 # V00755 (1) 1. Corporation Name TRI INVESTMENTS, INC.		

Principal Place of Business P.O. BOX 8348 AMELIA VILLAGE, BOWMAN RD. AMELIA ISLAND FL 32035-8348 US	Mailing Address P.O. BOX 8348 AMELIA VILLAGE, BOWMAN RD. AMELIA ISLAND FL 32035-8348 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/17/1991	
4. FEI Number 58-1724930	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		30	
9. Name and Address of Current Registered Agent KELLY, JAMES E BOWMAN RD, AMELIA VILLAGE AMELIA ISLAND FL 32035			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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	WILLIAMS, ANGELA H	1.2 NAME	Williams, Angela H.
STREET ADDRESS	1877 SEA DUNES	1.3 STREET ADDRESS	277 Royal Poinciana Way Suite 135
CITY-ST-ZIP	AMELIA ISLAND FL	1.4 CITY-ST-ZIP	Palm Beach, FL 33480
TITLE	V	2.1 TITLE	
NAME	TEMPLE, GERALD	2.2 NAME	
STREET ADDRESS	110 COVE LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SOCIAL CIRCLE GA	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	V
NAME	KELLY, JAMES E.	3.2 NAME	Kelly, James E.
STREET ADDRESS	1858 TEMPLE JOHNSON RD.	3.3 STREET ADDRESS	Bowman Rd, Amelia Village
CITY-ST-ZIP	LOGANVILLE GA	3.4 CITY-ST-ZIP	Amelia Island, FL 32035
TITLE	S	4.1 TITLE	S
NAME	CRIM, GLOICE Y.	4.2 NAME	Crim, Gloice Y.
STREET ADDRESS	45 FLORENCE PT DR	4.3 STREET ADDRESS	211 St. Martin Drive
CITY-ST-ZIP	FERNANDINA BCH FL	4.4 CITY-ST-ZIP	Suwanee, GA 30024
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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.

CR2E034 (10/97)