

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V23806** (5)

1. Corporation Name
TRI-FIVE FINANCIAL CORPORATION



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

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

3. Date Incorporated or Qualified
03/25/1992

3a. Date of Last Report
02/21/1995

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country

2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country

4. FEI Number
59-3110685

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

**MCENULTY, FRANK
225 S WESTMONTE DRIVE
SUITE 3020
ALTAMONTE SPRINGS FL 32714**

10. Name and Address of New Registered Agent

81. Name
DAVID W. HALL

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 date, if applicable.

DAVID W. HALL

(NOTE: Registered Agent's signature required when resigning.)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	LUBIN, LAWRENCE D	225 S WESTMONTE DR SUITE 3020	ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/>
D	SILVER, SHOEL	225 S WESTMONTE DR SUITE 3020	ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/>
D	COOPER, BERNARD	225 S WESTMONTE DR SUITE 3020	ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/>
TD	SHIFF, DANIEL	225 S WESTMONTE DR SUITE 3020	ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/>
D	SHIFF, RANDY	225 S WESTMONTE DR SUITE 3020	ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/>
VD	DRIMAN, HOWARD	225 S WESTMONTE DR SUITE 3020	ALTAMONTE SPRINGS FL 32714	<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
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Lawrence D. Lubin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/96

407-865-5444

CR2E034 (12/95)