

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V25238 (9)

1. Corporation Name

TRI-KNOT INVESTMENT GROUP, INC.



Principal Place of Business

16 CANTON ROAD
LAKE WORTH FL 33467

Mailing Address

P.O. BOX 50276
EUGENE, OR
LAKE WORTH FL 94703
US

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

Country

29

97405-0475

9. Name and Address of Current Registered Agent

ALASCIA, JANINE
16 CANTON ROAD
LAKE WORTH FL 33467

3. Date Incorporated or Qualified

03/30/1992

3a. Date of Last Report

04/26/1995

4. FEI Number

65-0327609

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

10. Name and Address of New Registered Agent

81 Name

STANLEY J. NARKIER, P.A.

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

1803 AUSTRALIAN AVE. South

83 Suite

Suite D

84 City

WEST PALM BEACH FL

85 Zip Code

33409

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 of person named in Block 9 as Registered Agent

Signature of Registered Agent's partner or partner's partner

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

☒ DELETE

NAME

ALASCIA, JANINE
201 PENNOCK LANE
JUPITER FL

STREET ADDRESS

CITY-ST-ZIP

TITLE

SD

☐ DELETE

NAME

BARLOUS, JAY
16 CANTON RD
LAKE WORTH FL

STREET ADDRESS

CITY-ST-ZIP

TITLE

T

☐ DELETE

NAME

BARLOUS, SHIRLEY
6522 6TH AVE W
SEBRING FL

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

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

PSD

☒ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

TD

☒ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

D

☐ Change

☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

BARLOUS, TROY
3138 W. LAS LOMITAS
TUCSON, AZ 85741

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

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☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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 its partner 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 in handwritten or on an attached sheet with an address.

SIGNATURE:

SIGNATURE AND TITLED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7.22.96 591.334.0981

CR2E034 (12/95)