

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 3:07

DOCUMENT # **617134** (2)

1. Corporation Name:
TRIPLE CROWN REALTY, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **4651 SHERIDAN ST STE 335 HOLLYWOOD FL 33021**
Mailing Address: **4651 SHERIDAN ST STE 335 HOLLYWOOD FL 33021**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2b. Mailing Address

3. Date Incorporated or Qualified: **04/09/1979**

3a. Date of Last Report: **02/03/1994**

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4. FEI Number: **59-1903363**

Applied For: Not Applicable

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5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

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6. Election Campaign Financing: **\$5.00 May Be Added to Fees**

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8. This corporation has liability for intangible tax under S 199.012 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OLIVIERI, ELLA T
4651 SHERIDAN ST, STE 335
HOLLYWOOD FL 33021**

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 199.012 and 199.013, Florida Statutes, the above named corporation submits the 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, thereby accept the appointment of registered agent. I am familiar with and accept the obligations of the terms of 199.012, Florida Statutes.

SIGNATURE

Printed Name of Signer: _____ Title: _____

12. OFFICERS AND DIRECTORS	
OFFICER	PDV OLIVIERI, ELLA T 4651 SHERIDAN ST STE 335 HOLLYWOOD, FL 00000
NAME	
STREET ADDRESS	
CITY	
STATE	
ZIP	
OFFICER	
NAME	
STREET ADDRESS	
CITY	
STATE	
ZIP	
OFFICER	
NAME	
STREET ADDRESS	
CITY	
STATE	
ZIP	
OFFICER	
NAME	
STREET ADDRESS	
CITY	
STATE	
ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If 12)	
1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	
3. CITY	
4. STATE	
5. ZIP	
6. NAME	
7. STREET ADDRESS	
8. CITY	
9. STATE	
10. ZIP	
11. NAME	
12. STREET ADDRESS	
13. CITY	
14. STATE	
15. ZIP	
16. NAME	
17. STREET ADDRESS	
18. CITY	
19. STATE	
20. ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.013, Florida Statutes. I further certify that the information supplied in this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect if made under oath. That I am an officer or director of the corporation, or the manager or business empowered to execute this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on the front with an address.

SIGNATURE: *Ellen T. Oliveri* **ELLA T. OLIVIERI** 4/21/95 305-9631400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR