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FILED
Apr 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 722635 (0)

1. Corporation Name
NORTH TRITON ARMS, INC.



Principal Place of Business 171 N ATLANTIC AVE COCOA BEACH FL 32931	Mailing Address 200 N FIRST ST COCOA BEACH FL 32931 US
2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	25 Zip
29 Country	30 Zip

3. Date Incorporated or Qualified
02/09/1972

4. FEI Number
59-1447782

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**MORRIS, LAURAJO
 200 N FIRST STREET
 COCOA BEACH FL 32931**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCWHORTER, WILLIAM	1.2 NAME	
STREET ADDRESS	171 N. ATLANTIC AVE, #38	1.3 STREET ADDRESS	
CITY - ST - ZIP	COCOA BCH FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEUBAUER, RUDOLPH	2.2 NAME	
STREET ADDRESS	171 N. ATLANTIC AVE, #37	2.3 STREET ADDRESS	
CITY - ST - ZIP	COCOA BEACH FL	2.4 CITY - ST - ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOVAK, ANDREW	3.2 NAME	
STREET ADDRESS	171 N ATLANTIC AVE #25	3.3 STREET ADDRESS	
CITY - ST - ZIP	COCOA BEACH FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISEMAN, FRED	4.2 NAME	
STREET ADDRESS	20 YAWL DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	COCOA BEACH FL	4.4 CITY - ST - ZIP	
TITLE	VPD	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPENCER, EILEEN	5.2 NAME	
STREET ADDRESS	171 N ATLANTIC AVE #24	5.3 STREET ADDRESS	
CITY - ST - ZIP	COCOA BEACH FL 32931	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Eileen Spencer* **EILEEN SPENCER VP 4-15-98 407-784-3221**

CR2E037 (10/97)