

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 10:35

DOCUMENT # **G03500** (7)

1. Corporation Name
TRIPLE T INNS OF PENNSYLVANIA, INC.

Principal Place of Business	Mailing Address
% LAUREN KOONIN 325 FIFTH AVE INDIALANTIC FL 32903	% LAUREN KOONIN 325 FIFTH AVE INDIALANTIC FL 32903

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/07/1982	3a. Date of Last Report 03/08/1994
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4. FEI Number 59-2222020	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent

**KOONIN, LAUREN
325 FIFTH AVE
INDIALANTIC FL 32903**

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

Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reselecting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	THOMPSON, SHANNA
STREET ADDRESS	325 FIFTH AVE
CITY-ST-ZIP	INDIALANTIC, FL 00000
TITLE	V
NAME	VOLKERT, LEON H.
STREET ADDRESS	4115 N OCEAN DR., #700
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL
TITLE	PD
NAME	FAUST, CHARLES R.
STREET ADDRESS	4116 N OCEAN DR., #700
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL
TITLE	DST
NAME	KOONIN, LARRY
STREET ADDRESS	325 FIFTH AVE
CITY-ST-ZIP	INDIALANTIC FL
TITLE	AS
NAME	HENDERSON, CHARISSE A.
STREET ADDRESS	325 FIFTH AVE.
CITY-ST-ZIP	INDIALANTIC FL
TITLE	AS
NAME	GOLLEHON, LINDA
STREET ADDRESS	4116 N. OCEAN DR., #700
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Doll, SHANNA
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Larry Koonin 1-24-95 407 725-7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #