

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G03500 (7)
 1. Corporation Name
TRIPLE T INNS OF PENNSYLVANIA, INC.



Principal Place of Business % LAUREN KOONIN 325 FIFTH AVE INDIALANTIC FL 32903	Mailing Address % LAUREN KOONIN 325 FIFTH AVE INDIALANTIC FL 32903
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc. 22 #207 City & State	26 Suite, Apt. #, etc. 27 #207 City & State
23 Zip	28 Zip
24 Country	29 Country

3. Date Incorporated or Qualified 10/07/1982
4. FEI Number 59-2222020
Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
KOONIN, LAUREN
325 FIFTH AVE
STE 207
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
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ (DATE) _____

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	VOLKERT, LEON H.	
STREET ADDRESS	4115 N OCEAN DR., #700	
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FAUST, CHARLES R.	
STREET ADDRESS	4116 N OCEAN DR., #700	
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	KOONIN, LARRY	
STREET ADDRESS	325 FIFTH AVE	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	HENDERSON, CHARISSE A.	
STREET ADDRESS	325 FIFTH AVE.	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	GOLLEHON, LINDA	
STREET ADDRESS	4116 N. OCEAN DR., #700	
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Charisse A. Henderson* **2-14-98** **411 225-2500**

CR2E034 (10/97)