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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H63324 (8)

1. Corporation Name
TRIPLE CROWN SYSTEMS, INC.

Principal Place of Business 7398 SEMINOLE BLVD SEMINOLE FL 34642	Mailing Address 7398 SEMINOLE BLVD SEMINOLE FL 34642
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DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified 06/24/1985		3a. Date of Last Report 04/05/1994	
2. Principal Place of Business		4. FEI Number 59-2637938	
2a. Mailing Address		Applied For	
21. Suite, Apt. #, etc.		Not Applicable	
22. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country		6. This corporation has liability for intangible tax under §. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STONIK, DENISE M 7398 SEMINOLE BLVD SEMINOLE FL 34642				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			
				85. Zip Code			
				FL			

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 revolving) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONIK, DENISE M.	1.2 NAME	
STREET ADDRESS	13917 76TH TERRACE N	1.3 STREET ADDRESS	
CITY, ST, ZIP	SEMINOLE FL	1.4 CITY, ST, ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONIK, DENISE M.	2.2 NAME	
STREET ADDRESS	13917 76TH TERRACE N	2.3 STREET ADDRESS	
CITY, ST, ZIP	SEMINOLE FL	2.4 CITY, ST, ZIP	
TITLE	VO	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERG, GLAS-	3.2 NAME	
STREET ADDRESS	7398 SEMINOLE BLVD-	3.3 STREET ADDRESS	
CITY, ST, ZIP	SEMINOLE FL-	3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		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 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 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 unchanged, or on an attachment with an address.

SIGNATURE: Denise M. Stonik **DENISE M. STONIK** 4-10-95 **813-546-6329**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone No.