

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra L. Marston
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L99656** (5)

1. Corporation Name
TRIPLE C SERVICES, INC.



Principal Place of Business: **2040 NW 40TH COURT POMPANO BEACH FL 33064**
Mailing Address: **2040 NW 40TH COURT POMPANO BEACH FL 33064**

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

3. Date Incorporated or Qualified: **09/11/1990**
3a. Date of Last Report: **04/17/1995**
4. FEI Number: **65-0215677** Applied For Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**KENNEDY, SYBIL T.
2040 NW 40TH COURT
POMPANO BEACH FL 33064**

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: **FL**

11. Pursuant to the provisions of Sections 607.01(2) and 607.15(3), 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 is 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 607.01(2), Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	KENNEDY, MICHAEL A., JR.	
STREET ADDRESS	2040 NW 40TH COURT	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	KENNEDY, SYBIL T.	
STREET ADDRESS	2040 NW 40TH COURT	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	KENNEDY, MICHAEL A., SR.	
STREET ADDRESS	2040 NW 40TH COURT	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11 NAME	
11 STREET ADDRESS	
11 CITY-ST-ZIP	
12 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
12 STREET ADDRESS	
12 CITY-ST-ZIP	
13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13 NAME	
13 STREET ADDRESS	
13 CITY-ST-ZIP	
14 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14 NAME	
14 STREET ADDRESS	
14 CITY-ST-ZIP	
15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 NAME	
15 STREET ADDRESS	
15 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)(d), Florida Statutes. I further certify that the information on this form and 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 registered office or registered agent of the corporation as reported as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or as an officer or director with an address.

SIGNATURE: *S.T. Kennedy* **S.T. KENNEDY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96 (305) 968-0039

CR2E034 (12/95)