

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90048 037 ****61.25

* REGISTERED MAIL SERVICE IS AVAILABLE FOR THIS DOCUMENT *
 DO NOT WRITE IN THIS SPACE

Principal Place of Business %TRITON MGMT. INC 12551 INDIAN ROCKS RD #6 LARGO FL 34644 US	Mailing Address 12551 INDIAN ROCKS RD #6 LARGO FL 33774-3009 US
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2. Principal Place of Business All County Property Mgmt Suite, Apt. #, etc. 2898 106 St N. City & State St. Petersburg	3. Mailing Address 2898 106 St N. Suite, Apt. #, etc. City & State St. Petersburg
Zip 337	Country US
Zip 33710	Country US

4. FEI Number 59-2382132	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CHANCEY, MARVIN THOMAS
 12551 INDIAN ROCKS RD., #6
 LARGO FL 34644

7. Name and Address of New Registered Agent

Name: Sandra Ferrera
 Street Address (P.O. Box Number is Not Acceptable): 2898 106 St N.
 City: St. Petersburg FL Zip Code: 33710

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: *Marvin Thomas Chancey* DATE: 4/4/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHANCEY, MARVIN T. 2510-A WEST BAY DRIVE LARGO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FLACHSMANN, HERMANN 2510-A WEST BAY DRIVE LARGO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHANCEY, MARVIN T. 2510-A WEST BAY DRIVE LARGO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Hermann Flachsmann* DATE: 5-10-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR