

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000001751 (6)
 1. Corporation Name
TRIUMPHANT LIVING, INC.



Principal Place of Business 236 LEXINGDALE DR ORLANDO FL 32828	Mailing Address 236 LEXINGDALE DR ORLANDO FL 32828
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3. Date Incorporated or Qualified
04/08/1994

4. FEI Number **59-3240875**
 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 24 Country 28 Zip 29 Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
WRIGHT, WILEY C
236 LEXINGDALE DR
ORLANDO FL 32828

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	WRIGHT, WILEY C
STREET ADDRESS	236 LEXINGDALE DR
CITY-ST-ZIP	ORLANDO FL 32828
TITLE	DA <input type="checkbox"/> DELETE
NAME	WRIGHT, ANTENITA
STREET ADDRESS	236 LEXINGDALE DR
CITY-ST-ZIP	ORLANDO FL
TITLE	VTD <input type="checkbox"/> DELETE
NAME	BUCKLES, BOBBY
STREET ADDRESS	2118 RAVENALL AVE
CITY-ST-ZIP	ORLANDO FL 32811
TITLE	SD <input type="checkbox"/> DELETE
NAME	BUCKLES, PATRICIA
STREET ADDRESS	2118 RAVENALL AVE
CITY-ST-ZIP	ORLANDO FL 32811
TITLE	VD <input type="checkbox"/> DELETE
NAME	DAWSON, JOHNNY
STREET ADDRESS	7306 WHITEWATER DR
CITY-ST-ZIP	ORLANDO FL 32835
TITLE	DE <input type="checkbox"/> DELETE
NAME	DAWSON, TAMMY
STREET ADDRESS	7306 WHITEWATER DR
CITY-ST-ZIP	ORLANDO FL

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

SIGNATURE: WILEY C. WRIGHT SIGNATURE REQUIRED BY: W.C. WRIGHT 1/20/98 (407) 282-3310

CR2E037 (10/97)