

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P19956 (2)
1. Corporation Name
THE VOICE OF TRIUMPH, INC.



Principal Place of Business: **11435 W. DIXIE SHORES CRYSTAL RIVER FL 34429 US**
Mailing Address: **P.O. BOX 670 CRYSTAL RIVER FL 34423 US**

3. Date Incorporated or Qualified: **07/06/1988**
3a. Date of Last Report: **02/01/1995**

2. Principal Place of Business: **21 1148 Sparrow Street**
22 Suite, Apt. #, etc.
23 **LAKE PLACID, FL**
24 Zip **33852** 25 Country **US**
2a. Mailing Address: **26 P.O. Box 3009**
27 Suite, Apt. #, etc.
28 **LAKE PLACID, FL**
29 Zip **33862** 30 Country **US**

4. FEI Number: **95-2985573**
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

10. Name and Address of New Registered Agent

NEILL, GENE
1215 N. EGRET POINT
CRYSTAL RIVER FL 34429

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): **1148 SPARROW Street**
83
84 City: **LAKE PLACID** FL 85 Zip Code: **33852**

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, in 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: *Gene Neill* **GENE NEILL, PRESIDENT** 1/25/96
Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEILL, GENE	1.2 NAME	
STREET ADDRESS	1215 N. EGRET POINT	1.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONVERSE, WILLIAM	2.2 NAME	
STREET ADDRESS	11681 RIVERBEND DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LEAVENWORTH WA	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, DENNIS	3.2 NAME	
STREET ADDRESS	473 BIRWOOD EAST	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDFORD, WILLIAM	4.2 NAME	
STREET ADDRESS	2710 OAK LAWN AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75219	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *Gene Neill* **GENE NEILL** 1/25/96 941-699-5505
Date Daytime Phone #

CR2E037 (12/95)