


**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**May 06 1997 8:00am  
Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1997.</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000084242 (3)**  
 1. Corporation Name  
**TRIPLE TWO MANAGEMENT & DEVELOPMENT CORPORATION**

Principal Place of Business <b>111 EAST MADISON STREET SUITE 2300 TAMPA, FL</b>	Mailing Address <b>111 EAST MADISON STREET SUITE 2300 TAMPA, FL</b>
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2. Principal Place of Business 21 <b>4912 Bay Way Place</b> Suite, Apt. #, etc	2a. Mailing Address 26 <b>P.O. Box 76881</b> Suite, Apt. #, etc	3. Date Incorporated or Qualified <b>11/02/1995</b>	3a. Date of Last Report <b>04/30/1996</b>
22	27	4. FEI Number <b>58-2203798</b>	Applied For <input type="checkbox"/> Not Applicable
23 <b>Tampa, FL</b>	28 <b>Tampa, FL</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
24 <b>33629</b>	25 <b>U.S.A.</b>	29 <b>33675-1881</b>	30 <b>U.S.A.</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

8. Name and Address of Current Registered Agent <b>PANKAU, STEPHEN L. 111 MADISON STREET SUITE 2300 TAMPA, FL 33602</b>		10. Name and Address of New Registered Agent	
81 Name	<b>SALVATORE A. ITALIANO</b>		
82 Street Address (P.O. Box Number is Not Acceptable)	<b>4912 BAY WAY PLACE</b>		
83			
84 City	<b>TAMPA</b>	85 State	<b>FL</b>
		86 Zip Code	<b>33629</b>

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE: *Salvatore A. Italiano* **Salvatore A. Italiano, Pres.** DATE: **4/7/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PSID</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>P, S, T, D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SALVATORE A. ITALIANO</b>	1.2 NAME	<b>SALVATORE A. ITALIANO</b>
STREET ADDRESS	<b>2900 EAST 7TH AVE</b>	1.3 STREET ADDRESS	<b>4912 BAY WAY PLACE</b>
CITY-ST-ZIP	<b>TAMPA, FL</b>	1.4 CITY-ST-ZIP	<b>TAMPA, FL 33629</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<b>600002178038</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>-05/14/97--01041--012</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>***165.00</b>
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *Salvatore A. Italiano* **Salvatore A. Italiano, Pres. 4/7/97 (813)247-4000**

CORPORATION (09/96)

*CS*  
**5/6/97**