

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE 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 4912 BAY WAY PLACE TAMPA FL 33629	Mailing Address P.O. BOX 78861 TAMPA FL 33675-1881
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1710 W. KENNEDY BLVD. Suite, Apt. #, etc. 22	2a. Mailing Address 25 1710 W. KENNEDY BLVD. Suite, Apt. #, etc. 27
City & State 23 TAMPA, FL Zip Country 24 33606 25 U.S.A.	City & State 26 TAMPA, FL Zip Country 29 33606 30 U.S.A.

3. Date Incorporated or Qualified 11/02/1995	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 58-2203798	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**ITALIANO, SALVATORE A
 4912 BAY WAY PLACE
 TAMPA FL 33629**

10. Name and Address of New Registered Agent

81 Name	SALVATORE A. ITALIANO
82 Street Address (P.O. Box Number is Not Acceptable)	
83	1710 W. KENNEDY BLVD.
84 City	TAMPA FL 85 Zip Code 33606

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Salvatore A. Italiano* **SALVATORE A. ITALIANO, PRES. 4/16/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	SALVATORE A. ITALIANO	
STREET ADDRESS	4912 BAY WAY PLACE	
CITY-ST-ZIP	TAMPA FL 33629	
<i>ADDR. CHANGE ONLY</i>		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1710 W. KENNEDY BLVD.
1.4 CITY-ST-ZIP	TAMPA, FL 33606
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Salvatore A. Italiano* **4/16/98 (813) 251-1253**

CP2E034 (10/97)