

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

**FILED**  
**Mar 19 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000044894 (9)**  
 1. Corporation Name  
**TRIPLE CROWN TRADING & INVESTMENT, INC.**



Principal Place of Business <b>7505 FENWICK COVE ORLANDO FL 32819</b>	Mailing Address <b>7505 FENWICK COVE ORLANDO FL 32819-5076</b>
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2. Principal Place of Business 21 <b>3501 W VINE AVE # 118</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>8748 WINTER WOOD COVE</b> Suite, Apt. #, etc.	3. Date incorporated or Qualified <b>05/20/1996</b>	3a. Date of Last Report
22 City & State 23 <b>Kissimmee FL</b>	27 City & State 28 <b>Orlando FL 32836</b>	4. FEI Number <b>59-3377103</b>	Applied For Not Applicable
24 <b>34741</b>	25 Country	29 Zip	30 Country
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>CHENG, JANEY 327 STERLING ROSE COURT APOPKA FL 32704</b>		10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City
		85 Zip Code	<b>FL</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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHENG, JANEY</b>	1.2 NAME	
STREET ADDRESS	<b>327 STERLING ROSE COURT</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>APOPKA FL 32704</b>	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>S</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WANG, PAUL</b>	2.2 NAME	
STREET ADDRESS	<b>5105 WARRIER LANE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KISSIMEE FL 34747</b>	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LO, TOUR J</b>	3.2 NAME	
STREET ADDRESS	<b>7505 FENWICK COVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 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 unchanged, or on an attachment with an address.

**SIGNATURE:** \_\_\_\_\_ **3/10/97**

CR2E034 (9/96)