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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000092064

1. Corporation Name

TRIPLE TEAM, INC.

| | | | | | | - | / | ENDEN WARD IN OU | |
|--|---|-----------------------------------|----------------|--|------------------------|--|--|----------------------|--|
| Principal Place of Business Mailing Address | | | | | | | | | |
| 3014 DUNLIN ROAD DELRAY BEACH FL 33444 DELRAY BEACH FL 33444 | | | | | | DO NOT WRITE IN THIS SPA | √CE | | |
| | | | | | | 3. Date Incorporated or Qualifed 10/27/1997 | | | |
| Principal Place of Business 2a. Mailing Address | | | | | | 4. FEI Number | Арр | lied For | |
| 21 | | 26 | | | | 65-0789781 | | Applicable | |
| | Suite, Apt. #, etc. | | | | | 5. Certificate of Status Desired | | | |
| City & State | | City & State | | _ | | 6. Election Campaign Financing | \$5.00 A | Vav Be | |
| 23 | • | 28 | | | | Trust Fund Contribution | Added to | Fees | |
| Zip 24 | Country | Zip | Cour | ntry | | 8. This corporation owes the current year Intangit Personal Property Tax. | ole Yes | ī⊇No | |
| | 9. Name and Address of Curren | nt Registered Agent | 1 | | | 10. Name and Address of New Registered Ager | nt | | |
| | | | | 81 | Name | | | | |
| BECK, ARTHUR F | | | | 82 | Street Addre | Address (P.O. Box Number is Not Acceptable) | | | |
| 3014 DUNLIN ROAD | | | | 3) Street Address (F.O. Box Hallipor is 1401 Acceptable) | | | | | |
| DELRAY BEACH FL 33444 | | | | 83 | | | | | |
| | | | | | City | [85 | 5 Zip C | ode | |
| | | | | 84 | • | FLI | | | |
| office or re agent. I a | to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga | of Florida, Such change was | authorized | ו עם | tne corporation | ration submits this statement for the purpose of char o's board of directors. I hereby accept the appointme | iging its r nt as reg | egistered istered | |
| SIGNATURE | Signature, typed or printed name of registered age | ent and title if applicable. (NOT | TE: Registered | Agent | t signature required v | when reinstating) DATE | | | |
| 12. | OFFICERS AI | ND DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFICERS AND D | | | |
| TITLE | D/P | ☐ DELETE | 1.1 111 | LΕ | | · | Change | ☐ Addition | |
| NAME | BECK, ARHTUR | | 1.2 NA | ME | | | | | |
| STREET ADORESS | 3014 DUNLIN ROAD | | 1.3 ST | REET | ADDRESS | | | | |
| CITY-ST-ZIP | DELRAY BEACH FL 33444 | | | 1.4 CITY-ST-ZIP | | | | | |
| TITLE | DST | ☐ DELETE | 2.1 TIT | ĽΕ | | | Change | ☐ Addition | |
| NAME | BECK, LYNN | | 2.2 NA | ME | ļ | | | | |
| STREET ADDRESS | 3014 DUNLIN ROAD | | 2.3 STI | REET | ADORESS | • | | | |
| CITY-ST-ZIP | DELRAY BEACH FL 33444 | | | 2.4 CITY-ST-ZIP | | , * , * | <u> </u> | | |
| TITLE | | ☐ DELETE | 3.1 गा | LE | | | Change | Addition | |
| NAME | • | | . 3.2 NA | | | | | | |
| STREET ADDRESS | | , | 3.3 ST | REET | ADDRESS | | | | |
| CITY-ST-ZIP | | | 3.4. CI | TY-S | r-ZIP | | | | |
| TITLE | | ☐ DELETE | 4.1 TIT | | | | Change | ☐ Addition | |
| NAME | | | 4. 2 NA | ME | | | | | |

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, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ DELETE

☐ DELETE

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90229 035 ***150.00

Change

Change

Addition

☐ Addition