## 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

## FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90023 017 \*\*\*150.00

DOCUMENT  1. Corporation Name	# S47349					
TRIANGLE SALES	CORPORATION					
Principal Place of Business		Mailing Address			FIRM DIRIK BIRTI DIRIK BI	FII 010() (10)
3850 BYRON DR		3850 BYRON DR				
RIVIERA BCH FL 33404 RIVIERA BCH FL 33404				DO NOT WRITE IN THIS SPACE		
US		03		3. Date Incorporated or Qualifed		
				04/13/1991		
2. Principal Place of Busin	ess	2a. Mailing Address		4. FEI Number	Арр	lied For
21		26		65-0295147		Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	سے سامیاں ہے۔	5. Certifcate of Status Desired	<b>\$8.75</b> Ai	
22		27				
City & State	_	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 N Added to	
Zip	Country	<b>28</b>	Country	8. This corporation owes the current year		
<del></del>	—¬ ¹ ⊦	<del></del> '	30	Personal Property Tax.		□No
	and Address of Current R			10. Name and Address of New Registe	ered Agent	
			81 Name	MERKEN DALE		
MERKEN, ALLA			82 Street Add	dress (P.O. Box Number is Not Acceptable)		
189 ISLAND DR						
JUPITER FL 334	HTT		83	SAME		ļ
			84 City		FL 85 Zip C	ode
		1.00= 4.500 Et .: 1. Ot 4.1.		peration authorite this statement for the nurna	ea of changing its t	edistered
Pursuant to the provision office or registered age	ons of Sections 607.0502 arent, or both, in the State of F	nd 607.1508, Florida Statute Torida, Such change was au	s, the above-named cor thorized by the corporat	poration submits this statement for the purpo- tion's board of directors. I hereby accept the a	se of changing its r appointment as reg	egistered istered
11. Pursuant to the provisioffice or registered agagent. I am familiar wi	ions of Sections 607.0502 at ent, or both, in the State of F lh, and accept the obligation	nd 607.1508, Florida Statute Florida, Such change was au is of, Section 607.0505, Flori	s, the above-named cor thorized by the corporati da Statutes.	poration submits this statement for the purporation's board of directors. I hereby accept the a	se of changing its rappointment as reg	egistered istered
office or registered agent. I am familiar wi	ent, or both, in the State of F th, and accept the obligation	s of, Section 607.0505, Flori	ida Statutes.	Leb /	se of changing its rappointment as reg	egistered istered
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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 chapted or on an attachment with an address, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

MERKEN UP

1 - 29 - 1999 Daytime Phone

844-8100 hone # CR2E034 (1