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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S47349

1. Corporation Name
TRIANGLE SALES CORPORATION

Principal Place of Business
3850 BYRON DR
RIVIERA BCH FL 33404
US

Mailing Address
3850 BYRON DR
RIVIERA BCH FL 33404
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
04/13/1991

4. FEI Number
65-0295147
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☑ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
~~MERKEN, ALLAN L~~
189 ISLAND DRIVE
JUPITER FL 33477

10. Name and Address of New Registered Agent
81 Name MERKEN, DALE
82 Street Address (P.O. Box Number is Not Acceptable)
83 SAME
84 City FL
85 Zip Code

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 X Dale Merken
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)
Feb 1, 1999
DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☑ DELETE
NAME	MERKEN, ALLAN L.	
STREET ADDRESS	3201 CAPTAIN'S WAY	
CITY-ST-ZIP	JUPITER FL	
TITLE	D	☐ DELETE
NAME	MERKEN, DALE	
STREET ADDRESS	3201 CAPTAIN'S WAY	
CITY-ST-ZIP	JUPITER FL	
TITLE	VP	☐ DELETE
NAME	MERKEN, ROSS E	
STREET ADDRESS	1041 SIENA OAKS CIRCLE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	VP	☐ DELETE
NAME	MERKEN, RONNIE L.	
STREET ADDRESS	600 S ENTRADA AVE #204	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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, with all other like empowered.

SIGNATURE: X SIGNATURE REQUIRED Ross E. MERKEN VP 1-29-1999 561 844-8100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR, Date Daytime Phone #

CR2E034 (11/98)