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 Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90147 039 ***150.00

DOCUMENT # V03765

1. Corporation Name

TRIANGLE MANAGEMENT & INVESTMENT CORP

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Principal Place of Business Mailing Address						T 10011 OLIVOL DOLON CINCLES CONTROL CANDID CONTROL DATA	61611 B1311 B131	1 3:511 B B F 156 1	
5972 SW 40TH AVE. 5972 SW 40TH AVE									
SUITE A-1 SUITE A-1						DO MOT MIDITE IN THE	C CD40F		
FT_LAUDERDALE FL 33134 FT LAUDERDALE FL 3314						DO NOT WRITE IN THE	S SPACE		1
		· US		٠.	-	3. Date Incorporated or Qualifed	. ~		
						01/02/1992	- 1	Nacial Fac	┨
Principal Place of Business Za. Mailing Address						4. FEI Number	<u> </u>	Applied For	┨
21 26						65-0316621		Not Applicable Additional	1
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired		Required	ļ
22 27 City & State						A Flatin Consider Figure			1
City & State City & State						6. Election Campaign Financing Trust Fund Contribution	•	May Be d to Fees	Ì
23			Country					10100	1
Zip	Country	⊢		iiiu y		This corporation owes the current year I Personal Property Tax.	Yes	□No	
24	25 Name and Address of Current	Pagistared Agent	30			10. Name and Address of New Registere			1
	. Hame and Address of Corrent	registered rigent		81	Name				1
FEINBERG, JEFFREY ESQ									4
4000 HOLLYWOOD BLVD.				82	Street Add	ress (P.O. Box Number is Not Acceptable)			
SUITE 350 NORTH				83					1
HOLLYWOOD FL 33021									
1102211100012				84	City	F	85 Zi;	p Code	
	10-1	and CO7 (EOC Florida Statut		hour	named corr	poration submits this statement for the purpose		ts registered	1
office or region	stered agent, or both, in the State of amiliar with, and accept the obligation	f Florida. Such change was a	utbonzec	1 hv 1	the comparati	on's board of directors. I hereby accept the app	ointment as	registered . نـ	
SIGNATURE									-
	nature, typed or printed name of registered agent			l Agent	t signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS /	ND DIDECT	TODS IN 12	1
12.	OFFICERS AND	DELETE	13. 1.1 TI	71.5		ADDITIONS/CHANGES TO OFFICERS	Change		1
	•							;	
	FINTZ, MARCOS								
	30.2 31. 131.1.1.2, #71.1				ADDRESS				
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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 changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR