

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **575115**

(1)

1. Corporation Name

TRIANGLE, INC.

Principal Place of Business

**100 S. DIXIE HIGHWAY
STUART FL 34994-2010**

Mailing Address

**100 S. DIXIE HIGHWAY
STUART FL 34994-2010**



2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip
24

25
Country

26
Suite, Apt. #, etc.

27
City & State

28
Zip
29

30
Country

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip
29

30
Country

3. Date Incorporated or Qualified

06/08/1978

3a. Date of Last Report

03/15/1995

4. FEI Number

59-1825769

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees
Trust Fund Contribution

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

**KENNA, JR., JOSEPH
100 S. DIXIE HWY
STUART FL FL 33494**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when restating)

DATE

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUBST ADDRESS	<input type="checkbox"/> DELETE	1.2 NAME	
CITY-ST-ZIP		<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
TITLE		<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
NAME	SUBST ADDRESS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		<input type="checkbox"/> DELETE	2.2 NAME	
TITLE		<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
NAME	SUBST ADDRESS	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
CITY-ST-ZIP		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	3.2 NAME	
NAME	SUBST ADDRESS	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
CITY-ST-ZIP		<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUBST ADDRESS	<input type="checkbox"/> DELETE	4.2 NAME	
CITY-ST-ZIP		<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
TITLE		<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
NAME	SUBST ADDRESS	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		<input type="checkbox"/> DELETE	5.2 NAME	
TITLE		<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
NAME	SUBST ADDRESS	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
CITY-ST-ZIP		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	6.2 NAME	
NAME	SUBST ADDRESS	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
CITY-ST-ZIP		<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/96 407-287-1586

Daytime Phone #

CR2E034 (12/95)