

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F33201

(7)

1. Corporation Name

TRIANGLE MANAGEMENT CORPORATION, INC.

Principal Place of Business

8315 W 20TH AVE
PO BOX 4370
HIALEAH FL 33014

Mailing Address

8315 W 20TH AVE
PO BOX 4370
HIALEAH FL 33014-0370

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

MAEROFF, BERNARD
8315 W. 20TH AVE.
HIALEAH FL 33014

3. Date Incorporated or Qualified

05/01/1981

3a. Date of Last Report

01/02/1997

4. FEI Number

59-2091801

Applied For
Not Applicable

5. Certificate 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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

VD
NAME
KITAY, HELEN
STREET ADDRESS
8315 W. 20TH AVE.
CITY-ST-ZIP
HIALEAH FL

DELETE

TITLE

CD
NAME
KITAY, HAROLD
STREET ADDRESS
8315 W. 20TH AVE.
CITY-ST-ZIP
HIALEAH FL 33014

DELETE

TITLE

PD
NAME
MAEROFF, HAROLD
STREET ADDRESS
8315 W. 20TH AVE.
CITY-ST-ZIP
HIALEAH FL 33014

DELETE

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

100002241751-2
-07/18/97--01098-008
*****165.00 *****165.00

Change Addition

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14. I do 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, changed, or on an attachment with an address.

SIGNATURE
Bernard Maeroff
305-558-4310

APPROVED
AND
FILED

1997 JUL 15 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E034 (9/96)