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PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: __



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

1. Corporation Name

F9300000033 (1)

TRITON INSURANCE COMPANY

	INSURANCE COMPANY		<u></u>			
rincipal Place of	f Business	Mailing Address				
714 MAIN STR		714 MAIN STREET				
FORT WORTH		ATTN: ROSS A MARE				
U\$		FT WORTH TX 76102 US			Date Incorporated or Qualified	3a. Date of Last Report
		US			01/01/1993	04/20/1995
, Principal Plac	e of Business	2a. Mailing Address			4. FEI Number	Applied For
, Principal Fiac	e of Edamoss	26			59-2174734	Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
		27 Attn: Kat	hy Crowt	her		Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be Added to Fees
]		28			Trust Fund Contribution 8. This corporation has liability for	
Zιρ	Country	Zφ	Countr	У	Florida Statutes Yes	No
	25	29	30		10. Name and Address of New F	
	9. Name and Address of Curre	ent Hegistered Agent	8	Name		
			L	1	O Co. Marker is Not Associate	nla)
	ICE COMMISSIONER		8:	2 Street	Address (P.O. Box Number is Not Acceptat	uroj
	AINES ST		8	3		
	BUILDING		_	<u> </u>	85 Zip Code	
TALLAHA	ASSEE FL 32399		8	4 City		FL 85 Zip Code
GNATURE .	Signature, typed or pricted han e of registered ag			yent signature	required when reinstating	FICERS AND DIRECTORS IN 12
۸	DEFICENS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO UP	LIOS TIO AND DIVEOTORS IN TE
	DVC	DELETE	13. 1.1111	F	D/SVP	Change Additio
TILE	DVC				D/SVP Richard C. Agnello	Change Additio
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F.J. B. Q.J.W. Peter B. Dahlberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR