

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 # **F94000004991 (5)**

1. Corporation Name

**TRIPLE C MARKETING INC.**



Principal Place of Business

**5900 NORTH ANDREWS AVENUE  
FORT LAUDERDALE FL 33309**

Mailing Address

**5900 NORTH ANDREWS AVENUE  
FORT LAUDERDALE FL 33309**

3. Date Incorporated or Qualified  
**09/27/1994**

3a. Date of Last Report  
**03/15/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET, SUITE 105  
TALLAHASSEE FL 32301**

4. FEI Number  
**13-3776451**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME: **C PERELMAN, RONALD O**  
STREET ADDRESS: **35 EAST 62ND STREET**  
CITY-STATE-ZIP: **NEW YORK CITY NY 10021**

TITLE ☐ DELETE

NAME: **D GITTIS, HOWARD**  
STREET ADDRESS: **35 EAST 62ND STREET**  
CITY-STATE-ZIP: **NEW YORK CITY NY 10021**

TITLE ☐ DELETE

NAME: **PCEO FOLZ, THEO W**  
STREET ADDRESS: **5900 NORTH ANDREWS AVE.**  
CITY-STATE-ZIP: **FT. LAUDERDALE FL 33309**

TITLE ☐ DELETE

NAME: **V DIMEOLA, RICHARD L**  
STREET ADDRESS: **5900 NORTH ANDREWS AVE.**  
CITY-STATE-ZIP: **FT. LAUDERDALE FL 33309**

TITLE ☐ DELETE

NAME: **VCFO ELLIS, GARY R**  
STREET ADDRESS: **5900 NORTH ANDREWS AVE.**  
CITY-STATE-ZIP: **FT. LAUDERDALE FL 33309**

TITLE ☐ DELETE

NAME: **V COLUCCI, JAMES L**  
STREET ADDRESS: **5900 NORTH ANDREWS AVE.**  
CITY-STATE-ZIP: **FT. LAUDERDALE FL 33309**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-STATE-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 as an attachment with an address.

SIGNATURE:

*Gary R. Ellis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Gary R. Ellis*

*1/19/96*

*(954) 772-9000*

Date

Daytime Phone #

CR2E034 (12/95)