

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jan 31 1997 8:00am
Secretary of State

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 33309-2367

3. Date Incorporated or Qualified

09/27/1994

3a. Date of Last Report

01/30/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

9. Name and Address of Current Registered Agent

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

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 C ☐ DELETE

NAME PERELMAN, RONALD O
STREET ADDRESS 35 EAST 62ND STREET
CITY-ST-ZIP NEW YORK CITY NY 10021

TITLE D ☐ DELETE

NAME GITTIS, HOWARD
STREET ADDRESS 35 EAST 62ND STREET
CITY-ST-ZIP NEW YORK CITY NY 10021

TITLE PCEO ☐ DELETE

NAME FOLZ, THEO W
STREET ADDRESS 5900 NORTH ANDREWS AVE.
CITY-ST-ZIP FT. LAUDERDALE FL 33309

TITLE V ☐ DELETE

NAME DIMEOLA, RICHARD L
STREET ADDRESS 5900 NORTH ANDREWS AVE.
CITY-ST-ZIP FT. LAUDERDALE FL 33309

TITLE VCFO ☐ DELETE

NAME ELLIS, GARY R
STREET ADDRESS 5900 NORTH ANDREWS AVE.
CITY-ST-ZIP FT. LAUDERDALE FL 33309

TITLE V ☐ DELETE

NAME COLUCCI, JAMES L
STREET ADDRESS 5900 NORTH ANDREWS AVE.
CITY-ST-ZIP FT. LAUDERDALE FL 33309

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY R. ELLIS

1/17/97

(954) 772-9000

CR2E034 (9/96)