

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

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Mar 26 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000003269 (5)**  
1. Corporation Name  
**TRITON INTERNATIONAL (OF DELAWARE) LIMITED, CORPORATION**

Principal Place of Business <b>8400 N UNIVERSITY DR STE 318 TAMARAC FL 33321 US</b>	Mailing Address <b>PO BOX 771703 CORAL SPRINGS FL 33077 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>10036 N. W. SPUR 1A</b>		2a. Mailing Address <b>PO BOX 771703 CORAL SPRINGS FL 33077 US</b>		3. Date Incorporated or Qualified <b>06/25/1996</b>	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number <b>65-0729616</b>	
22. City & State <b>SUNRISE</b>		27. City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. Zip <b>FL 33351</b>		28. Country <b>USA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Zip <b>FL 33351</b>		25. Country <b>USA</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>KULATZ &amp; DOBBINS, P.A. 633 SE 3RD AVE., #4R FT LAUDERDALE FL 33301</b>		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83. City		84. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	<b>SECRETARY</b>
NAME	<b>COTHILL, MICHAEL P</b>	1.2 NAME	<b>COTHILL, TANIA</b>
STREET ADDRESS	<b>7011 WOODMONT WAY</b>	1.3 STREET ADDRESS	<b>7011 WOODMONT WAY</b>
CITY-ST-ZIP	<b>TAMARAC FL 33321</b>	1.4 CITY-ST-ZIP	<b>TAMARAC FL 33321</b>
TITLE	<b>D</b>	2.1 TITLE	
NAME	<b>CONNOR, W T</b>	2.2 NAME	
STREET ADDRESS	<b>10553 LAKE MONTEREY DR., #203</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32821</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b>	3.1 TITLE	
NAME	<b>MARTINEZ, DOMINIQUE</b>	3.2 NAME	
STREET ADDRESS	<b>11901 4TH ST., N. #805</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33716</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b>	4.1 TITLE	
NAME	<b>GRADIDGE, TREVOR</b>	4.2 NAME	
STREET ADDRESS	<b>3412 CORAL SPRINGS DR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: \_\_\_\_\_ **MARCH 16TH 1998 (954) 5920322**

CR2E034 (10/97)