

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 # G03500 (7)

1. Corporation Name

TRIPLE T INNS OF PENNSYLVANIA, INC.



Principal Place of Business

Mailing Address

% LAUREN KOONIN
325 FIFTH AVE
INDIALANTIC FL 32903

% LAUREN KOONIN
325 FIFTH AVE
INDIALANTIC FL 32903

3. Date Incorporated or Qualified

10/07/1982

3a. Date of Last Report

01/30/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

4. FEI Number

59-2222020

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

10. Name and Address of New Registered Agent

KOONIN, LAUREN
325 FIFTH AVE
INDIALANTIC FL 32903

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

☒ DELETE

NAME

DOLL, SHANNA

STREET ADDRESS

325 FIFTH AVE
INDIALANTIC, FL 00000

CITY-ST-ZIP

V

☐ DELETE

NAME

VOLKERT, LEON H.

STREET ADDRESS

4115 N OCEAN DR., #700
LAUDERDALE BY THE SEA FL

CITY-ST-ZIP

PD

☐ DELETE

NAME

FAUST, CHARLES R.

STREET ADDRESS

4116 N OCEAN DR., #700
LAUDERDALE BY THE SEA FL

CITY-ST-ZIP

DST

☐ DELETE

NAME

KOONIN, LARRY

STREET ADDRESS

325 FIFTH AVE
INDIALANTIC FL

CITY-ST-ZIP

AS

☐ DELETE

NAME

HENDERSON, CHARISSE A.

STREET ADDRESS

325 FIFTH AVE.
INDIALANTIC FL

CITY-ST-ZIP

AS

☐ DELETE

NAME

GOLLEHON, LINDA

STREET ADDRESS

4116 N. OCEAN DR., #700
LAUDERDALE BY THE SEA FL

CITY-ST-ZIP

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 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-24-96

407 785-7500

CR2E034 (12/95)