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Apr 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H33728

(7)

1. Corporation Name

TRIANGLE IMAGING GROUP, INC.

Principal Place of Business

12 SOUTH PENATAQUIT AVENUE
BAY SHORE NY 11706

Mailing Address

12 SOUTH PENATAQUIT AVENUE
BAY SHORE NY 11706-8815



3. Date Incorporated or Qualified
12/12/1984

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 4400 W. Sample Road

2a. Mailing Address

26 4400 W. Sample Road

22 Suite, Apt. #, etc.
#228

27 Suite, Apt. #, etc.
#228

23 City & State

Coconut Creek, FL

28 City & State

Coconut Crk., FL

24 Zip

33073

Country

USA

29 Zip

33073

Country

USA

4. FEI Number

59-2493183

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

BELLEZZA, PETER J
4250 NORTH A1A, APT. 508
NORTH HUTCHINSON ISLAND FL 34949

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	PD	<input type="checkbox"/> DELETE
NAME	BELLEZZA, VITO	
STREET ADDRESS	12 SOUTH PENATAQUIT AVENUE	
CITY-ST-ZIP	BAY SHORE NY 11706	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BELLEZZA, PETER J	
STREET ADDRESS	4250 N. A1A, APT. 508	
CITY-ST-ZIP	N. HUTCHINSON FL 34949	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FIDELI, FRANZ	
STREET ADDRESS	820 BIRD BAY WAY	
CITY-ST-ZIP	VENICE FL 34202	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P.D. Bellezza, Vito
1.3 STREET ADDRESS	3715 Turtle Run Blvd., #227
1.4 CITY-ST-ZIP	Coral Spgs., FL 33067
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Vito A. Bellezza
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

K-4
4/2/97

0006222

CR2E034 (9/96)