FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 10:35

DOCUMENT # H35147 (8)

1. Corporation Name
TRIPLE T HOTEL MANAGEMENT CORPORATION

Principal Place of Business	Mailing Address
325 FIFTH AVENUE P O BOX 3659 INDIALANTIC FL 32903-1263	325 FIFTH AVENUE P O BOX 3659 INDIALANTIC FL 32903-1263

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/21/1984
3a. Date of Last Report: 03/08/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-2463662 ☐ 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

FAUST, CHARLES R.
2300 CORPORATE BLVD. NW, #232
BOCA RATON FL 33431

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST	1.1 TITLE	☐ Change ☐ Addition
NAME	THOMPSON, C. WAYNE	1.2 NAME	
STREET ADDRESS	325 FIFTH AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	THOMPSON, S. RONALD	2.2 NAME	
STREET ADDRESS	325 FIFTH AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC FL	2.4 CITY-ST-ZIP	
TITLE	DP	3.1 TITLE	☐ Change ☐ Addition
NAME	FAUST, CHARLES R.	3.2 NAME	
STREET ADDRESS	4116 N OCEAN DR., #700	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	KOONIN, LAUREN B.	4.2 NAME	
STREET ADDRESS	325 FIFTH AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC FL	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	☐ Change ☐ Addition
NAME	GOLLEHON, LINDA	5.2 NAME	
STREET ADDRESS	4116 N. OCEAN DR., #700	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	☐ Change ☐ Addition
NAME	HENDERSON, CHARISSE A.	6.2 NAME	
STREET ADDRESS	325 FIFTH AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC FL	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)(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: Lauren B. Koonin 1-24-95 407 725-7500
SIGNATURE AND NAME OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000047 CP