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PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M40946

(9)

TRIPP & MAXWELL, INC.

FILED
May 15 1997 8:00am
Secretary of State

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3920 RIVERLAND ROAD FT. LAUDERDALE FL 33312		392 FT.	3920 RIVERLAND ROAD FT. LAUDERDALE FL 33312-4630											
U\$		U\$					3.	3. Date Incorporated or Qualified 10/31/1986				3a. Date of Last Report 05/01/1996		
2. Principal Pl	lace of Business	28.	Mailing Address	<del></del>			4.	FEI Numb				,	Applied For	
	lassau Lane		424 Nassaı	ı Lane				65-00	00725				Not Applicabl	
Suite, Apt #	#, etc	27	Suite, Apt. #, etc.				5.	Certificate	e of Status D	esired			Additional Required	
Cily & State			City & State					Election (	Campaign Fir	nancing	_	\$5.0	D May Be	
	Lauderdale, FL		Ft. Lauder				=		d Contribution				to Fees	
7φ 24 <b>33312</b>		29	Zip 33312	<u> </u>	intry USA			Florida Si		2	ZYes □	] No	s. 199.032,	
1414	9, Name and Address of	Current Registe	ered Agent		81	Name	10.	Name an	d Address	OT New He	gistered F	igent		
	ES TRIPP				"	Name								
	NASSAU LANE LAUDERDALE FL 33312				82 83	Street Add	ress (P	P.O. Box N	lumber is No	t Acceptat	ole)			
					53									
					84	City	.,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			FL	85 Z	o Code	
11 Pursuant t	to the provisions of Sections egistered agent, or both, in t in familiar with, and accept the	607 0502 and 60	7 1508 Florida Stal	tutes the a	bove	a-named corr	poratio	n submits	this stateme	nt for the r		changing	its registere	
	(/a	no panganona on										_		
	Signary: Apped or printed name of reg		James	OTE ROSIDE		VI See Par					4/30/9			
12.	OFFIC	pstered agent and use it ERS AND DIREC	applicable. James TORS	OTE Hedisele	d Age	VICE P			S/CHANGES		DATE	DIRECTO		
<b>12.</b> [0.6]	DV OFFICE		James	13.	d Age	N 15 Calline r Rott					DATE			
12. THEF NAME	DV TRIPP, JAMES E.		applicable. James TORS	13. 1.1 TI	TLE AME						DATE	DIRECTO		
12. THEF NAME STREET ADDRESS	DV TRIPP, JAMES E. 2424 NASSAU LANE		applicable. James TORS	13. 1.1 Ti 1.2 Ni 1.3 S	d Age ITLE AME TREET	ADORESS					DATE	DIRECTO		
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1. I do hereby certify that the information supplied with this filing does not quality 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

PIGNATURE AND TYPED OR PRINTED NAME OF PAYING OFFICER OR DIRECTOR

4-30-97 (454)584-5140