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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M84982

(1)

TRIPLE J. AND S., INC.

FILED Mar 07 1997 8:00am Secretary of State

Francinal Day	e of Business	Mailing Add	loce					Mis Minne abfit		
* THOMAS R		% THOMAS								
	LAS BLVD #1800	200 E LAS (OLAS BLVD #							
FT LAUDERDALE FL 33301 US		FT LAUDER(US	FT LAUDERDALE FL 33301-2248 US			3. Date Incorporated or Qualified			of Last Report	
2. Principal I	Place of Business	2a. Mailing	Address			4. FEI Number			pplied For	
21		26				65-0056520		N	ot Applicable	
Suite, Apt	. #, etc.	Suite, Ap	ot #, etc.			6. Certificate of Status Desired			Additional equired	
City & Sta	10	City & St	tate			Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip	Country	Zip		Count	ry	8. This corporation has liability for	or intangible t	ax under s	s. 199.032,	
24	25	29		30		Florida Statutes	Yes [
	9, Name and Address of	Current Registered Age	ent			10. Name and Address of New F	Registered A	gent		
	TUM, THOMAS R.			8	1 Name					
	DE LAS OLAS BLVD #1800)		8:	2 Street Add	dress (P.O. Box Number is Not Accept	able)			
FT	LAUDERDALE FL 33301					Page 1				
				8:	3					
				8	4 City			85 Zip	Code	
					<u></u>		<u>FL</u>	<u> </u>		
-61	registered agent, or both, in th	e State of Florida.Such e	change was a	authorized t	by the corpora	ation's board of directors. I hereby acc	ept the appo	pintment as	registered	
	to the provisions of Sections 6 registered agent, or both, in the am familiar with, and accept the	e obligations of, Section	607.0505, Fid	orida Statuti	es.					
						juired when reinstating)	DATE			
SIGNATURE	Signature, typed or profiled name of regis	itered agent and title d applicable RS AND DIRECTORS	(NO1				DATE	DIRECTOR	RS IN 12	
SIGNATURE	Signature, typed or pented name of region OFFICE	itered agent and title d applicable RS AND DIRECTORS		E: Registered A	gent signature requ	juired when reinstating)	DATE		RS IN 12	
SIGNATURE 12. THEE NAME	Signature, typed or perilad name of region OFFICE OPT RUDOLPH, JOHN R.	tered agent and title d applicable RS AND DIRECTORS	(NO1	E. Registered A 13. 11 Title 12 NAMI	gent signature requ	juired when reinstating)	DATE	DIRECTOR	RS IN 12	
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and a narray on the information supplied with this ming does not quality for the exemption stated in Section 119.07(3)(). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual annual state and accurate and that my signature shall have the same legal effect as if made under oath; that is an infloor or director of the comparation or the receiver or make empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or 1906) 3 if changes, or only a stadyment with an address.

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NIME OF SIGNING OFFICER OR DIRECTO

19/97 954-473-825