

**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 # **P02247** (5)  
1. Corporation Name  
**TRIPLE T INNS OF ARIZONA, INC.**

Principal Place of Business      Mailing Address  
325 FIFTH AVE      325 FIFTH AVE  
INDIALANTIC FL 32903      INDIALANTIC FL 32903

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**06/01/1984**      **03/08/1994**

4. FEI Number      Applied For  
**59-2026521**       Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Election Campaign Financing       \$5.00 May Be Added to Fees  
Trust Fund Contribution

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes       Yes       No

2. Principal Place of Business      2a. Mailing Address

21      26

22 Suite, Apt. #, etc.      27 Suite, Apt. #, etc.

23 City & State      28 City & State

24 Zip      25 Country      29 Zip      30 Country

9. Name and Address of Current Registered Agent

**KOONIN, LAUREN B.  
325 FIFTH AVENUE  
INDIALANTIC FL 32903**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City      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 remaining)

12. OFFICERS AND DIRECTORS

TITLE      PD  
NAME      **FAUST, CHARLES R.**  
STREET ADDRESS      **4116 N. OCEAN DR., #700**  
CITY - ST - ZIP      **LAUDERDALE BY THE SEA FL**

TITLE      V  
NAME      **KOONIN, LAUREN B.**  
STREET ADDRESS      **325 FIFTH AVENUE**  
CITY - ST - ZIP      **INDIALANTIC FL**

TITLE      STD  
NAME      **THOMPSON, C. WAYNE**  
STREET ADDRESS      **325 FIFTH AVE**  
CITY - ST - ZIP      **INDIALANTIC FL**

TITLE      AS  
NAME      **HENDERSON, CHARISSE A.**  
STREET ADDRESS      **325 FIFTH AVE.**  
CITY - ST - ZIP      **INDIALANTIC FL**

TITLE      AS  
NAME      **GOLLEHON, LINDA**  
STREET ADDRESS      **4116 N. OCEAN DR., #700**  
CITY - ST - ZIP      **LAUDERDALE BY THE SEA FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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)(b), 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 007, 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Telephone #