


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P02247** (5)
1. Corporation Name
TRIPLE T INNS OF ARIZONA, INC.

Principal Place of Business 825 FIFTH AVE INDIALANTIC FL 32903	Mailing Address 325 FIFTH AVE INDIALANTIC FL 32903-4263
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/01/1984		3a. Date of Last Report 01/29/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2026521		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

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	Suite 207		
				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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FAUST, CHARLES R.			1.2 NAME			
STREET ADDRESS	4116 N. OCEAN DR., #700			1.3 STREET ADDRESS			
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL			1.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KOONIN, LAUREN B.			2.2 NAME			
STREET ADDRESS	325 FIFTH AVENUE			2.3 STREET ADDRESS			
CITY-ST-ZIP	INDIALANTIC FL			2.4 CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	THOMPSON, C. WAYNE			3.2 NAME			
STREET ADDRESS	325 FIFTH AVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	INDIALANTIC FL			3.4 CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HENDERSON, CHARISSE A.			4.2 NAME			
STREET ADDRESS	325 FIFTH AVE.			4.3 STREET ADDRESS			
CITY-ST-ZIP	INDIALANTIC FL			4.4 CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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:

Lauren B. Koonin 4-15-97 427 325-2500

CR2E034 (9/96)