FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P93000071392 (3) **DOCUMENT #**

1. Corporation Name	` '
TRIANGLE CREATION, IN	C.
Principal Place of Business	Mailing Audress
280 PALM AVENUE	239 PALM NYENDE Houseau Pl=2370



					3. Date Incorporated or Qualified	3a. Date of Last	
					10/14/1993	04/26/	1995
2. Principal Pta		2a. Mailing Address			4. FEI Number		Applied For
21 982		·· - · · • · · · · · · · · · · · · · · ·	NW 7	Aug	65-0441800		Not Applicable
Suite, Apt. #, etc. 22 City & State			5. Certificate of Status Desired [] \$8.75 Additional Fee Required				
			··		6. Election Campaign Financing Trust Fund Contribution S5.00 May Be Added to Fees		
Zip	Country	Zip	Country		8. This corporation has liability for		~ · · · · · · · · · · · · · · · · · · ·
24 330/	· 11	29 33016	30	USA	Florida Statutes	□No	
	9. Name and Address of Currer	it Registered Agent			10. Name and Address of New P	legistered Agent	
			81	Name			
	MO, ALICE		82	Street Add	ress (P.O. Box Number is Not Acceptate 9820 NW 77 St	ile)	
	ALM-AVENUE				7820 NW 77 St		
MALEA	H-FL-33010		83				
			84	City	. 1 4	85	Zip Code
				171	alenh	FL T	330/4
11. Pursuant to or registere	othe provisions of Sections 607.0502 ad agent, or both, in the State of Flori	- and 607.1508, Florida Statute da, Such chango was anthoriz∈	is the above ha ed by the como	amed corpo iration's noa	ration submits this statement for the pur rd of directors. Thereby accept the appi	rpose of changing its ointment as requisers	registered off.c
familiar with	h, and accept the obligations of Sect	ion 607.0505, Florida Statutes.	y 2.0 00.p0		a a second morely accept the appr	o on as registere	o ogsm. ram
SIGNATURE							
12.	Signar ire, typico or prilidud nanic of registeried agest OFFICERS AN		le Birgistered Agenr 13.	Sign af after objective	ADDITIONS/CHANGES TO OFF	DATE DOLOG AND DUDGOT	ODO 181.40
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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 this 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES 10. 5/20/96 (205) 820 -9820