


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

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90005 045 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000038676

1. Corporation Name
TRIPLE R PROPERTIES, INC.



Principal Place of Business MM 68.5 OVERSEAS HWY LONG KEY FL 33001	Mailing Address MM 68.5 OVERSEAS HWY LONG KEY FL 33001
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/20/1994

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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4. FEI Number
65-0483630

Applied For
 Not Applicable

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

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

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

RUEFF, KENNETH C
103 B ALYNN PL
MARATHON FL 33050

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
104 Buttonwood Lane
 83
 84 City **Long Key** FL 85 Zip Code **33001**

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D, P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUEFF, KENNETH C	1.2 NAME	RUEFF, KENNETH C
STREET ADDRESS	103 B ALYNN PL	1.3 STREET ADDRESS	104 Buttonwood Lane
CITY-ST-ZIP	MARATHON FL 33050	1.4 CITY-ST-ZIP	Long Key, FL 33001
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D, VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUEFF, TRACEY L	2.2 NAME	Rueff Tracey L.
STREET ADDRESS	103 B ALYNN PL	2.3 STREET ADDRESS	104 Buttonwood Lane
CITY-ST-ZIP	MARATHON FL 33050	2.4 CITY-ST-ZIP	Long Key, FL 33001
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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, with all other like empowered.

SIGNATURE: Tracey L. Rueff DATE: 3/19/99 DAYTIME PHONE: (305) 664-4599

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)