

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000052424

1. Corporation Name

TRIPLE B BAR ASSOCIATES, INC.

Principal Place of Business

445 E PALMETTO PARK RD
BOCA RATON FL 33432
US

Mailing Address

445 E. PALMETTO PARK ROAD
BOCA RATON FL 33432
US

2. Principal Place of Business

21 21796 Cartagena Dr

Suite, Apt. #, etc.

2a. Mailing Address

26 21796 Cartagena Dr

Suite, Apt. #, etc.

22

City & State

23 Boca Raton FL

27 City & State

28 Boca Raton FL

Zip Country

24 33428 25 Palm Bch

29 Zip

30 Country

9. Name and Address of Current Registered Agent

BIEHL, ALBERT DR
21796 CARTAGENA DRIVE
BOCA RATON FL 33432

81 Name

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

83

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 | D | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BIEHL, ALBERT | 1.2 NAME | Albert Biehl |
| STREET ADDRESS | 21796 CARTAGENA DR | 1.3 STREET ADDRESS | 21796 Cartagena Dr. |
| CITY-ST-ZIP | BOCA RATON FL | 1.4 CITY-ST-ZIP | Boca Raton, FL 33428 |
| TITLE | PST | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BIEHL, JANINE | 2.2 NAME | Janine Biehl |
| STREET ADDRESS | 21796 CARTAGENA DR | 2.3 STREET ADDRESS | 21796 Cartagena Dr. |
| CITY-ST-ZIP | BOCA RATON FL | 2.4 CITY-ST-ZIP | Boca Raton, FL 33428 |
| TITLE | | 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 | | 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 | | 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 | | 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: *Janine Biehl*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/99 861-4127481

Date

Daytime Phone #

CR2E034 (11/98)