

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

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Mar 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000069843 (8)

1. Corporation Name
TRIPLE S OF PALM BEACH, INC.

Principal Place of Business 4521 P.G.A. BLVD SUITE 250 PALM BEACH GARDENS FL 33418 US	Mailing Address 4521 P.G.A. BLVD SUITE 250 PALM BEACH GARDENS FL 33418 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/23/1994	4. FEI Number 65-0524128	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

HUTTON, JAMES R
4521 PGA BNLVD
STE 250
PALM BCH GDNS FL 33418

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	
TITLE	SD
NAME	JOHNSON, SHANNON
STREET ADDRESS	5 COMMANDERS
CITY-ST-ZIP	PALM BEACH GARDENS FL
TITLE	D
NAME	SMITH, MIRIAN
STREET ADDRESS	ONE HILLNBROOK WAY
CITY-ST-ZIP	PESACOLA FL
TITLE	PD
NAME	HUTTON, JAMES R
STREET ADDRESS	4521 PGA BLVD STE 250
CITY-ST-ZIP	PALM BCH GDS FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	S/T
1.2 NAME	Susan Hutton
1.3 STREET ADDRESS	8686 Faxon Green Dr.
1.4 CITY-ST-ZIP	West Palm Beach, FL 33412
2.1 TITLE	D
2.2 NAME	Sibley, Inman
2.3 STREET ADDRESS	4521 P.G.A. Blvd Ste 250
2.4 CITY-ST-ZIP	Palm Bch GDS, FL 33418
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE

JAMES R HUTTON, PD

2-25-98

Date

Daytime Phone # 0648493

CR2E034 (10/97)