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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000030257 (6)

TRIANGLE T ENTERTAINMENT, INC.

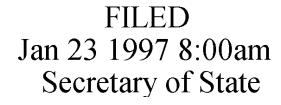
Principal Place of Busin
6072 LAMONTE ST
ST CLOUD FL 34771

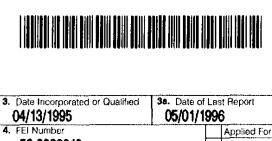
2. Principal Place of Business

Mailing Address

6072 LAMONTE ST ST CLOUD FL 34771-7926

2a. Mailing Address





59-3306613 Not Applicable 26 Suite, Apl. #, etc. Suite, Apt. #, etc \$8.75 Additional 6. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 29 30 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TROWELL, KEVIN 6072 LAMONTE ST 82 Street Address (P.O. Box Number is Not Acceptable) ST CLOUD FL 34771 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statules, 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 (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. 96/6) D DELETE 1 1 TITLE Change Addition TO:E TROWELL, KEVIN 12 NAME NAME 6072 LAMONTE ST 13 STREET ADDRESS STREET ADDRESS ST CLOUD FL 34771 14 DITY-ST-7IP CEY-SI-7⊬ DELETE Addition 2.1 TITLE Change THUE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZP 2 4 City - ST - 782 DELETE Adortion Change 3.1 TITLE THILE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADORESS CITY-ST-2IF 3 4. CITY - ST- ZIP DELETE Change Addition TiTLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIF DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-7IP DELETE Change ■ Addition TITLE 6.1 THLE 6.2 NAME NAMÉ STREET ADDRESS 6.3 STREET ADDRESS City - ST- 7IP 6.4 CITY-ST-7IP

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 12 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

//3/91 Date 407-931-1200