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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT #** 

SIGNATURE:

P95000084242 (3)

## TRIPLE TWO MANAGEMENT & DEVELOPMENT CORPORATION

	FAFFOI MICIAL COLL C					
Principal Place of Business	Mailing Address		1 10011100 1110 19100 31111 30111 00113 (	ATUU ADUU 18111	WINGER COMMUNICATION OF STREET	/1 <b>189</b> 1
111 EAST MADISON STREET SUITE 2300	111 EAST MADISON STREET SUITE 2300 TAMPA FL 33601					
TAMPA FL 33601			3. Date Incorporated or Qualified 11/02/1995 3a. Date of Last			Report
Principal Place of Business	2a. Mailing Address		4. FEI Number		Applied	
	26		58-2203798		\$8.75 Additi	<u> </u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Fee Require	ed
City & State	City & State		Etection Campaign Financing     Trust Fund Contribution		\$5.00 May Added to Fe	
Zip Country	Zip	Country	B. This corporation has liability for it		under s 199.03	32,
25	29	30		□No		
9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New R	legistered A	gent	
		81 Name				
PANKAU, STEPHEN L		82 Street Add	dress (P.O. Box Number is Not Acceptab	ole)		
111 MADISON STREET	,	83				
SUITE 2300					lac Zm Code	
TAMPA FL 33602		84 City		FL	85 Zip Code	,
or registered agent, or both, in the State of Followilliar with, and accept the obligations of, Sec						. I ar
or registered agent, or both, in the State of Followilliar with, and accept the obligations of, Sec	orioa. Sucri change was authorization 607.0505, Florida Statutes	OTE: Registered Agent signature requi	frod when reinslating	OATE		
or registered agent, or both, in the State of FRO familiar with, and accept the obligations of, Sec SIGNATURE  Signature, typed or printed name of registered age  2. OFFICERS AI	ction 607.0505, Florida Statutes ent and the if applicable (NO	OTE: Registered Agent signature requi		DATE FICERS AND	DIRECTORS IN	12
or registered agent, or both, in the State of FK familiar with, and accept the obligations of, Set IGNATURE  Signature, typed or printed name of registered age  2. OFFICERS AI  ILE P/S/T/D	ent and title if applicable (NE	OTE: Registered Agent signature requi	frod when reinslating	DATE FICERS AND	DIRECTORS IN	12
or registered agent, or both, in the State of FRO familiar with, and accept the obligations of, Sec IGNATURE  Signature, typed or profiled name of registered age  2. OFFICERS AT ILE P/S/T/D  AME Salvatore A. Ital	ent and the if epplicable (NO DELETE	OTE: Registered Agent signature requi	frod when reinslating	DATE FICERS AND	DIRECTORS IN	12
or registered agent, or both, in the State of FRO familiar with, and accept the obligations of, Sex IGNATURE  Signature, typed or printed name of registered agent.  OFFICERS AT ILE  P/S/T/D  Salvatore A. Ital 2900 East 7th Ave.	ent and the if applicable (NE)  ND DIRECTORS  DELETE  Liano  enue	OTE: Registered Agent signature requi	frod when reinslating	OATE FICERS AND	DIRECTORS IN	12 Addit
or registered agent, or both, in the State of FRO familiar with, and accept the obligations of, Sex IGNATURE  Signature, typed or printed name of registered agent.  OFFICERS AT P/S/T/D  Salvatore A. Ital 2900 East 7th Avenue 1 Tampa, Florida 33	ent and the if applicable (NE)  ND DIRECTORS  DELETE  Liano  enue	TE: Registered Agent signature required 13.  1. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS	frod when reinslating	OATE FICERS AND	DIRECTORS IN	12 Addit
or registered agent, or both, in the State of FRO familiar with, and accept the obligations of, Sex IGNATURE    Signature, typed or printed name of registered agent	ert and the # applicable (NO NO DELETE  1 iano enue 3605	TE: Registered Agent signature required to the signature required to t	frod when reinslating	OATE FICERS AND	DIRECTORS IN	12 Addit
or registered agent, or both, in the State of FRO familiar with, and accept the obligations of, Sec SIGNATURE  2. OFFICERS AITHE  AME  Salvatore A. Ital  2900 East 7th Avenue Trampa, Florida 33	ert and the # applicable (NO NO DELETE  1 iano enue 3605	TE: Registered Agent signature requisits.  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-S1-ZIP  2.1 TITLE	frod when reinslating	OATE FICERS AND	DIRECTORS IN	12 Additi
or registered agent, or both, in the State of Fore familiar with, and accept the obligations of, Sec SIGNATURE  2. OFFICERS AITHE  P/S/T/D  AME Salvatore A. Ital  2900 East 7th Ave  ITY-SI-7IP Tampa, Florida 33  ITHE IMPERIORESS  TREET ADDRESS	eri and the dispolation  OF COSOS, Florida Statutes  eri and the dispolation  DELETE  1 iano  enue 3605	DTE: Registered Agent signature required.  13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	frod when reinslating	DATE FICERS AND	DIRECTORS IN  Change  Change	12 Additi
or registered agent, or both, in the State of Fore familiar with, and accept the obligations of, Section 1975.  IGNATURE  Signature, typed or printed name of registered agent.  OFFICERS AI  THE P/S/T/D  Salvatore A. Ital  2900 East 7th Avenue of the section 1975.  Tampa, Florida 33  TREET ADDRESS  HY-SI-ZIP  TREET ADDRESS  HY-SI-ZIP  THE	ert and the # applicable (NO NO DELETE  1 iano enue 3605	DTE: Registered Agent signature required.  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2 1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3 1 TITLE	frod when reinslating	DATE FICERS AND	DIRECTORS IN  Change  Change	12 Additi
or registered agent, or both, in the State of FX familiar with, and accept the obligations of, SX IGNATURE  2. OFFICERS A  TLE P/S/T/D  AME Salvatore A. Ital  2900 East 7th Ave  11Y-SI-ZIP Tampa, Florida 33  TREEI ADDRESS	eri and the dispolation  OF COSOS, Florida Statutes  eri and the dispolation  DELETE  1 iano  enue 3605	DTE: Registered Agent signature required to the signature required tof	frod when reinslating	DATE FICERS AND	DIRECTORS IN  Change  Change	12 Additi
or registered agent, or both, in the State of FX familiar with, and accept the obligations of, SX familiar with, and accept the obligat	eri and the dispolation  OF COSOS, Florida Statutes  eri and the dispolation  DELETE  1 iano  enue 3605	DTE: Registered Agent signature required.  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2 1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3 1 TITLE	frod when reinslating	DATE FICERS AND	DIRECTORS IN Change	Additi
or registered agent, or both, in the State of For familiar with, and accept the obligations of, Sex IGNATURE  2. OFFICERS AI  TILE P/S/T/D  AME Salvatore A. Ital  2900 East 7th Ave  TIV-SI-ZIP Tampa, Florida 33  TREET ADDRESS  HY-SI-ZIP  TREET ADDRESS  HY-SI-ZIP  TAMPA  AME  STREET ADDRESS  HY-SI-ZIP  TAMPA  STREET ADDRESS  HY-SI-ZIP  TAMPA  T	eri and the dispolation  OF COSOS, Florida Statutes  eri and the dispolation  DELETE  1 iano  enue 3605	DTE: Registered Agent signature required to the signature signatur	frod when reinslating	DATE FICERS AND	DIRECTORS IN Change	Additi
or registered agent, or both, in the State of FX familiar with, and accept the obligations of, SX familiar with, and accept the obligat	ent and the if applicable (NO ND DIRECTORS DELETE Status of the interpretable (NO DIRECTORS DELETE Status of the interpretable (NO DIRECTORS DELETE Status of the interpretable (NO DIRECTORS DELETE DELETE DELETE DELETE	DTE: Registered Agent signature required to the signature signatur	frod when reinslating	DATE FICERS AND	DIRECTORS IN Change	Additi
or registered agent, or both, in the State of FX familiar with, and accept the obligations of, Sx familiar with, and accept the obligations of sx familiar with, and accept the obligations of sx familiar with accept the obligations of	ent and the if applicable (NO ND DIRECTORS DELETE Status of the interpretable (NO DIRECTORS DELETE Status of the interpretable (NO DIRECTORS DELETE Status of the interpretable (NO DIRECTORS DELETE DELETE DELETE DELETE	DTE: Registered Agent signature required to the signature signatur	frod when reinslating	DATE FICERS AND	DIRECTORS IN Change	Additi
or registered agent, or both, in the State of For familiar with, and accept the obligations of, Section 1975.  IGNATURE  Signature, typed or printed name of registered agent.  P/S/T/D  AME  Salvatore A. Ital  2900 East 7th Avenue 1975.  Tampa, Florida 33  INTERET ADDRESS  ITY-SI-ZIP  ITULE  ILAME  STREET ADDRESS  STY-SI-ZIP  ITULE  ILAME  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS	ction 607.0505, Florida Statutes ent and the if applicable (NO ND DIRECTORS  DELETE  1 iano enue 3605  DELETE	DTE: Registered Agent signature required to the signature required tor	frod when reinslating	OATE FICERS AND	DIRECTORS IN Change	Addit
or registered agent, or both, in the State of Foresternillar with, and accept the obligations of, Section 1975.  IGNATURE  Signature, typed or printed name of registered agent.  ILE P/S/T/D  AME Salvatore A. Ital  2900 East 7th Avenue 1970.  INTERET ADDRESS INTY-SI-ZIP	ent and the if applicable (NO ND DIRECTORS DELETE Status of the interpretable (NO DIRECTORS DELETE Status of the interpretable (NO DIRECTORS DELETE Status of the interpretable (NO DIRECTORS DELETE DELETE DELETE DELETE	TE: Registered Agent signature required to the second signature re	frod when reinslating	OATE FICERS AND	DIRECTORS IN Change	Additi Additi Addit
or registered agent, or both, in the State of FX familiar with, and accept the obligations of, SX familiar with a provided agent	ction 607.0505, Florida Statutes ent and the if applicable (NO ND DIRECTORS  DELETE  1 iano enue 3605  DELETE	TE: Registered Agent signature required to the second signature re	frod when reinslating	OATE FICERS AND	DIRECTORS IN Change	Additi Additi Addit
or registered agent, or both, in the State of For familiar with, and accept the obligations of, Section 1975 (SIGNATURE)  2. OFFICERS AND STATE OF THE STATE OF T	ction 607.0505, Florida Statutes ent and the if applicable (NO ND DIRECTORS  DELETE  1 iano enue 3605  DELETE	TE: Registered Agent signature required to the second signature re	frod when reinslating	OATE FICERS AND	DIRECTORS IN Change	Additi Additi Addit
or registered agent, or both, in the State of For familiar with, and accept the obligations of, Sex SIGNATURE  2. OFFICERS AITHE P/S/T/D Salvatore A. Ital 2900 East 7th Ave 2900 East 7th Ave 3017y-S1-ZIP Tampa, Florida 3311tte NAME STREET ADDRESS DITY-S1-ZIP TITLE NAME STREET ADDRESS DITY-S1-ZIP	ction 607.0505, Florida Statutes ent and the if applicable (NO ND DIRECTORS  DELETE  1 iano enue 3605  DELETE	TE: Registered Agent signature required to the second signature re	frod when reinslating	OATE FICERS AND	DIRECTORS IN Change   Change   Change   Change   Change   Change	Addit  Addit
or registered agent, or both, in the State of Forestern familiar with, and accept the obligations of, Sec SIGNATURE    Signature   Signatu	ction 607.0505, Florida Statutes en: and the if applicable (NO ND DIRECTORS  DELETE  1 iano enue 3605  DELETE  DELETE	TE: Registered Agent signature required to the second signature re	frod when reinslating	OATE FICERS AND	DIRECTORS IN Change   Change   Change   Change   Change   Change   Change   Change   Change   Change	Addit  Addit
familiar with, and accept the obligations of, Secondarium Signature, typed or printed name of registered age of the Company of	ction 607.0505, Florida Statutes en: and the if applicable (NO ND DIRECTORS  DELETE  1 iano enue 3605  DELETE  DELETE	TE: Registered Agent signature required to the second signature re	frod when reinslating	OATE FICERS AND	DIRECTORS IN Change   Change   Change   Change   Change   Change   Change   Change   Change   Change	

(813) 247-4140

Daytime Phone #