

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

FILED
May 13 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 # **P95000084242 (3)**
1. Corporation Name
TRIPLE TWO MANAGEMENT & DEVELOPMENT CORPORATION

Principal Place of Business
**4912 BAY WAY PLACE
TAMPA FL 33629**

Mailing Address
**P.O. BOX 78861
TAMPA FL 33675-1881**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1710 W. KENNEDY BLVD. Suite, Apt. #, etc.		2a. Mailing Address 26 1710 W. KENNEDY BLVD. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 11/02/1995	
22 City & State TAMPA, FL		27 City & State TAMPA, FL		4. FEI Number 58-2203798 Applied For <input type="checkbox"/> Not Applicable	
23 Zip 33606		28 Zip 33606		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country U.S.A.		29 Country U.S.A.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		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	

9. Name and Address of Current Registered Agent ITALIANO, SALVATORE A 4912 BAY WAY PLACE TAMPA FL 33629		10. Name and Address of New Registered Agent 81 Name SALVATORE A. ITALIANO 82 Street Address (P.O. Box Number is Not Acceptable) 83 1710 W. KENNEDY BLVD. 84 City TAMPA FL 85 Zip Code 33606	
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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 *Salvatore A. Italiano* **SALVATORE A. ITALIANO, PRES.** 4/16/98
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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD SALVATORE A. ITALIANO 4912 BAY WAY PLACE TAMPA FL 33629 <i>ADMR. CHANGE ONLY</i>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1710 W. KENNEDY BLVD. TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Salvatore A. Italiano* 4/16/98 (813) 251-1253

CP2E034 (10/97)