

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

FILED
Jun 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra D. Hoffmann Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000083519 (4)
 1. Corporation Name
TRIPPLE M CORP.



Principal Place of Business 720 LIGHTHOUSE DRIVE NORTH PALM BEACH FL 33408	Mailing Address 720 LIGHTHOUSE DRIVE NORTH PALM BEACH FL 33408-4712
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/10/1996	3a. Date of Last Report
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0706313	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MATHIEU, THEODOR 720 LIGHTHOUSE DRIVE NORTH PALM BEACH FL 33408		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHIEU, THEODOR	1.2 NAME	
STREET ADDRESS	720 LIGHTHOUSE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHIEU, TED J. (JR.)	2.2 NAME	
STREET ADDRESS	2453 INISABOOK WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH, FL 33407	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST. MARJORIE MATHIEU	3.2 NAME	
STREET ADDRESS	720 LIGHTHOUSE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	N.P.B. FL 33408	3.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHIEU WILLIAM	4.2 NAME	
STREET ADDRESS	720 LIGHTHOUSE DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	N.P.B. FL 33408	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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 filing is true, correct and complete 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 its receiver or its liquidator, and I am filing 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 *Theodor Mathieu* DATE *4/20/97 511-194-072*

CR2E034 (9/96)