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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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May 13 1997 8:00am

Secretary of State

0005537

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000086943 (3)

TRIPLE S MACHINE & TOOL, INC.

Principal Place of Business Mailing Address 2546 HANSROB RD 2546 HANSROB RD ORLANDO FL 32804 ORLANDO FL 32804-3318 3. Date Incorporated or Qualified 3a. Date of Last Report 10/21/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3202036 Applied For 1550 VASSAR STREET 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 MLANDO Trust Fund Contribution Added to Fees Zip Country Country This corporation has liability for intangible tax under s. 199.032, 32801 USA Yes X No 24 25 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Sabo. John MATT 2546 HANSROB RD O. Box Number is Not Acceptable)
ASSAR STREET 82 Street Ad ORLANDO FL 32804 83 DRLANDO 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered Section 607 0505. Florida Statutes. 11. Pursuant t office or r agent. April 30, 1997 MATTHEW A. LENZ SIGNATUR (NOTE: Registered Agent sign: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition DELETE 1.1 TITLE Pesident Change TITLE D LENZ, MATT A NAM 1.2 NAME 2546 HANSROB RD 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32804 CDY-ST-7P 1.4 CITY-ST-ZIP DELETE evening/Treasure/ Change Addition Addition 2.1 TITLE DIRE LENZ, JEAN A 2.2 NAME NAMI 2546 HANSROB RD STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL 32804 CITY-ST-ZIP 2. 4 CITY-ST-ZIP OELETE Change ☐ Addition 3 1 TITLE TILLE NAME SABO, JOHN 32 NAME 2546 HANSROB RD 3.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32804 3.4. CITY-ST-ZIP CITY-ST-ZIF DELETE Change Addition TITLE 4.1 TITLE SABO. DIANE 4. 2 NAME 2546 HANSROB RD 4.3 STREET ADDRESS SUBSET ADDRESS ORLANDO FL 32804 CITY - ST - 2IP 4.4 CITY-ST-ZIF DELETE 5.1 TITLE Change ■ Addition DILE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS CITY - ST - 716 5.4 City-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS City-St-76 64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling 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