7-16-98 B 8044 C

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 16 1998 8:00am
Secretary of State

DOCUMENT # **P96000086943 (3)**

1. Corporation Name

TRIPLE S MACHINE & TOOL, INC.

Principal Place of Business
2546 HANSROB RD
ORLANDO FL 32804

Mailing Address
1550 VASSAR ST
ORLANDO FL 32804
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/21/1996

4. FEI Number
59-3202036

[ ] Applied For
[ ] Not Applicable

5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [X] Yes [ ] No

2. Principal Place of Business
21 2546 Hansrob Rd.
Suite, Apt #, etc.
22
City & State
23 Orlando FL
Zip
24 32804
Country
25 USA

2a. Mailing Address
26 1550 Vassar St.
Suite, Apt #, etc.
27
City & State
28 Orlando FL
Zip
29 32804
Country
30 USA

9. Name and Address of Current Registered Agent

LENZ, MATT A
1550 VASSAR ST
ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name Lenz, Matthew A
82 Street Address (P.O. Box Number is Not Acceptable) 1000 Greens Ave
83
84 City Orlando FL 85 Zip Code 32804

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 ____________________ DATE ________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	[ ] DELETE	1.1 TITLE	President	[X] Change [ ] Addition
NAME	LENZ, MATT A		1.2 NAME	Lenz, Matthew A	
STREET ADDRESS	2546 HANSROB RD		1.3 STREET ADDRESS	1000 Greens Ave	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	Orlando FL 32804	
TITLE	ST	[ ] DELETE	2.1 TITLE	Sec'y/Tres.	[X] Change [ ] Addition
NAME	LENZ, JEAN A		2.2 NAME	Lenz, Jean A.	
STREET ADDRESS	2546 HANSROB RD		2.3 STREET ADDRESS	1000 Greens Ave.	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	Orlando FL 32804	
TITLE		[ ] DELETE	3.1 TITLE		[ ] Change [ ] Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	4.1 TITLE		[ ] Change [ ] Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	5.1 TITLE		[ ] Change [ ] Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	6.1 TITLE		[ ] Change [ ] Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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: [signature] 7-1-98 407-236-0630

CR2E034 (5/98)