

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).

APPROVED  
AND  
FILED

10/2

98 OCT 30 PM 2:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # Triple M Engineering Services, Inc. 1. Corporation Name * 3572 Coral Springs Drive Coral Springs, FL 33065			

\* NEW

Principal Place of Business 1330 Industrial Ave. Ste 101 Boynton Beach, FL 33426	Mailing Address
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1330 Industrial Ave Suite, Apt. #, etc. 22 Ste 101 City & State 23 Boynton Beach Zip 24 FL 33426		2a. Mailing Address 25 1330 Industrial Ave Suite, Apt. #, etc. 27 Ste 101 City & State 28 Boynton Beach FL Zip 29 33426 Country 30 Palm Beach		3. Date Incorporated or Qualified 2-1-97		4. FEI Number 65-0735091 Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

\* OLD ADDRESS: MARK MACCHIA (PRESIDENT)  
3572 CORAL SPRINGS DR  
CORAL SPRINGS, FL. 33065  
\* NEW ADDRESS: 1330 INDUSTRIAL AVE. STE 101  
BOYNTON BEACH, FL 33426

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		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 Mark Macchia (MARK MACCHIA) PRESIDENT DATE 10/26/98

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	MARK MACCHIA
STREET ADDRESS		1.3 STREET ADDRESS	1330 INDUSTRIAL AVE. STE. 101
CITY-ST-ZIP		1.4 CITY-ST-ZIP	BOYNTON BEACH, FL. 33426
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	JENNIFER MACCHIA
STREET ADDRESS		2.3 STREET ADDRESS	1330 INDUSTRIAL AVE. STE. 101
CITY-ST-ZIP		2.4 CITY-ST-ZIP	BOYNTON BEACH, FL. 33426
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	300002681673-3
STREET ADDRESS		3.3 STREET ADDRESS	-11/05/98-01100-003
CITY-ST-ZIP		3.4 CITY-ST-ZIP	***158.75 ***158.75
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: Mark Macchia  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/26/98 (561) 742-1142  
Date Daytime Phone #

CR2E034 (5/98)

2012

**TRIPLE M ENGINEERING SERVICES, INC.**

1330 INDUSTRIAL AVE., STE. 101  
BOYNTON BEACH, FL 33426

Phone (561) 742-1142  
Fax (561) 742-1148

October 26, 1998

FEIN: 65-0735091

To Whom It May Concern:

The reason we never filed our annual report is that we moved to a new address and did not receive the documents needed. Please make note of our new address. If you have any questions, please contact us at (561) 742-1142.

New Address:

1330 Industrial Ave., Ste 101  
Boynton Beach, FL 33426

Sincerely,



Mark Macchia  
President