

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

FILED

**Apr 23 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # P97000065036 (0)
1. Corporation Name
TRITON OF ST. PETERSBURG, INC.



Principal Place of Business % US SMALL BUSINESS SERVICES 1004 US HWY. 19, SUITE 202 HOLIDAY FL 34691	Mailing Address % US SMALL BUSINESS SERVICES 1004 US HWY. 19, SUITE 202 HOLIDAY FL 34691
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <i>12426 Capri Circle No.</i> Suite, Apt. #, etc.	2a. Mailing Address 26 <i>12426 Capri Circle No.</i> Suite, Apt. #, etc.
City & State 23 <i>Treasure Island, FL</i>	City & State 27 <i>Merritt Island FL</i>
Zip 24 <i>33706</i>	Country 25 <i>USA</i>
Zip 29 <i>33706</i>	Country 30 <i>USA</i>

3. Date Incorporated or Qualified 07/25/1997	
4. FEI Number <i>59-3459360</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**SCHMIDT, L. PAUL
5700 MEMORIAL HWY, SUITE 202
TAMPA FL 33615**

10. Name and Address of New Registered Agent

81 Name <i>Jean Merrick</i>	
82 Street Address (P.O. Box Number is Not Acceptable) <i>12426 Capri Circle No.</i>	
83	
84 City <i>Treasure Island</i>	85 Zip Code <i>FL 33706</i>

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 *Jean Merrick* 4-15-98 DATE
Signature of individual 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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	<i>President</i>
STREET ADDRESS		1.3 STREET ADDRESS	<i>Jean Merrick</i>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<i>12426 Capri Circle No. 14 Treasure Island, FL 33706</i>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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 *Jean Merrick* 4-15-98

CPRE034 (10/97)