

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90086 027 ***150.00

DOCUMENT # P97000101506

1. Corporation Name

~~FALLON BOULEVARD HOLDINGS CORPORATION~~

Triton Prestige Products Inc.

Principal Place of Business

140 INTRACOASTAL POINTS DR., STE. 403
JUPITER FL 33477

Mailing Address

140 INTRACOASTAL POINTS DR., STE. 403
JUPITER FL 33477

2. Principal Place of Business

21 3500 SW Thistlewood Ln

Suite, Apt. #, etc.

22 City & State
23 Palm City FL

24 Zip Country
34990 USA

2a. Mailing Address

26 PO Box 38

Suite, Apt. #, etc.

27 City & State
28 Palm City FL

29 Zip Country
34991 USA

9. Name and Address of Current Registered Agent

PERRY, STEVEN L
4 SW OCEOLA ST., STE. 2
STUART FL 34994
2081 E Ocean Blvd
Stuart, FL 34996

3. Date Incorporated or Qualified

12/01/1997

4. FEI Number

65-0797692

APPLIED FOR

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 the current year Intangible
Personal Property Tax.

☐

Yes No

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME DALFO, CHRISTOPHER L
STREET ADDRESS 3500 SW THISTLEWOOD LANE
CITY-ST-ZIP PALM CITY FL 34990

TITLE D
NAME SHEEHAN, RICHARD C
STREET ADDRESS 199 REGATTA DR.
CITY-ST-ZIP JUPITER FL 33477

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP
1.2 NAME Hilbert Binderow
1.3 STREET ADDRESS 3757 Brassie Ln
1.4 CITY-ST-ZIP Palm City FL 34990

2.1 TITLE Sec
2.2 NAME Morton Solomon
2.3 STREET ADDRESS 3074 Hwy 264
2.4 CITY-ST-ZIP Lithonia GA 30058

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE: Christopher L. Dalfo 4/27/99 561-287-9265

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)