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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 DEC 28 PM 3:52

DOCUMENT # P98000057671

1. Corporation Name
TRIPLE S PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
20095 WEST KEY DRIVE BOCA RATON FL 33498	20095 WEST KEY DRIVE BOCA RATON FL 33498

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/29/1998

2. Principal Place of Business	2a. Mailing Address
21 8813 DOWNING ST	26 8813 DOWNING ST
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 BOYNTON BEACH, FL	City & State 28 BOYNTON BEACH, FL
Zip / Country 24 33437 25 USA	Zip / Country 29 33437 30 USA

4. FEI Number — ☑ Applied For ☐ Not Applicable

5. Certifcate 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

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: ARTHUR SHINE
82 Street Address (P.O. Box Number is Not Acceptable): 8813 DOWNING ST
83
84 City: BOYNTON BEACH, FL 85 Zip Code: 33437

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: X [signature] ARTHUR SHINE — 7/11/99
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	PD/TD	☐ DELETE	1.1 TITLE	☐ Change ☐
NAME	SHINE, ARTHUR		1.2 NAME	
STREET ADDRESS	~~20095 WEST KEY DRIVE~~ 8813 Downing St.		1.3 STREET ADDRESS	700003089747--7
CITY-ST-ZIP	~~BOCA RATON FL 33498~~ Boynton Bch. FL 33437		1.4 CITY-ST-ZIP	-01/06/00--01007--002
TITLE	VD	☒ DELETE	2.1 TITLE	****158.75 ****158.75
NAME	STEVENS, NORM		2.2 NAME	
STREET ADDRESS	~~20095 WEST KEY DRIVE~~		2.3 STREET ADDRESS	
CITY-ST-ZIP	~~BOCA RATON FL 33498~~		2.4 CITY-ST-ZIP	
TITLE	SD/VP	☐ DELETE	3.1 TITLE	☐ Change ☐ Additic
NAME	SHINE, PHYLLIS		3.2 NAME	
STREET ADDRESS	~~20095 WEST KEY DRIVE~~ 8813 Downing St		3.3 STREET ADDRESS	
CITY-ST-ZIP	~~BOCA RATON FL 33498~~ Boynton Bch. FL		3.4 CITY-ST-ZIP	
TITLE	TD	☒ DELETE	4.1 TITLE	☐ Change ☐ Additic
NAME	SKUPSKY, CHARLES		4.2 NAME	
STREET ADDRESS	~~20095 WEST KEY DRIVE~~		4.3 STREET ADDRESS	
CITY-ST-ZIP	~~BOCA RATON FL 33498~~		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Additic
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Additic
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, with all other like empowered.

SIGNATURE: X [signature] ARTHUR SHINE (PD/TD) — 7/11/99 — 561-736-7600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #