FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name S04063

(1)

Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State City & State Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required Fee Required \$5.00 May Be	TRIPLE	S OF POMPANO, INC.						
# Dischard Beach Ft. 33445 Principal Photo of Rudiness 2x Maining Additions 2x Maini	Principa! Place	of Business	Mailing Address	,		DIBLI OLON ENERE DIGILO	IBN SIEN IBBI	
# Dischard Beach Ft. 33445 Principal Photo of Rudiness 2x Maining Additions 2x Maini	975 S. CONGI	RESS AVENUE	975 S. CONGRESS AV	/FNN IF				
2		TEGO MENOC	#102					
2. Principle Place of Stadiological 28 38 38 38 38 38 38 38	DELRAY BEAC	CH FL 33445	DELRAY BEACH FL 3	3445	3. Date incorporated or Qualified 3	ia. Date of Last Re	port	
2. Principle Place of Stadiological 28 38 38 38 38 38 38 38					10/05/1990	05/02/199!	5	
Subt., Apr. 4, etc. 20	2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number			
Pee Required Pee	21		26		65-0324938			
Cay & State Country 29	¬ '''		1 mm 2 j		5. Certificate of Status Desired			
20					6. Election Campaign Financing \$5.00 May B		May Be	1
Section Sect	23		28		Trust Fund Contribution L			
BERGMANN, JOSEPH R 975 S. CONGRESS AVENUE #102 PELRAY BEACH FL 33445 11. Furnish to the provisions of Sections 607.0502 and 607.1506, Funds Statutes, flow above ramind convention autients this statement for the provisions of Sections 607.0502 and 607.1506, Funds Statutes, flow above ramind convention autients this statement for the provisions of Sections 607.0502 and 607.1506, Funds Statutes, flow above ramind convention autients this statement for the proposed of annuing its registered algorit. Farm 1. The provisions of Sections 607.0502, Funds Statutes, flow above ramind convention autients this statement for the proposed of annuing its registered algorit. Farm 1. The provisions of Sections 607.0502, Funds Statutes. SCINATIFE 11. Furnish to the provisions of Sections 607.0502, Funds Statutes, flow above ramind convention autients this statement for the proposed of annuing its registered algorit. Farm 1. The provisions with a mid-accept the collegations of Section 607.0502, Funds Statutes. SCINATIFE 12. Constitute of Sections 607.0502, Funds Statutes. SCINATIFE 13. ADDITIONS/CHANGES TO OF ICLES AND DRECTORS IN 12. SCINATIFE OF SECTIONS TO OF ICLES AND DRECTORS IN 12. SCINATIFE OF ICLES AND DR	J	· — ·		⊢ ₁ ′			199.032,	
BERGMANN, JOSEPH R. 875 S. CONGRESS AVENUE #102 DELRAY BEACH FL 33445 11. Pursuant to the provisions of Socions 807,0507,0507, and 607,1508, Ferriss Statutes. The above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both in the State of Fords Sinch during was authorized by the corporation's submits the statement for the purpose of changing its registered office or registered agent, or both in the State of Fords Sinch during was authorized by the corporation's submits the statement for the purpose of changing its registered office or pregistered agent, or both in the State of Fords Sinch during was authorized by the corporation's submits the statement for the purpose of changing its registered office or pregistered agent, or both in the State of Fords Sinch during the statement of the purpose of changing its registered agent. Further, and the purpose of changing its registered office or pregistered agent, or both in the State of Fords Sinch during the statement of Fords Sinch during the st					1			
# 102 DELRAY BEACH FL 33445 84 City FL 85 Zip Code		4 17 17		81 Nanie				
# 102 DELRAY BEACH FL 33445 84 City FL 85 Zip Code	BERGMA	.NN. JOSEPH R.		82 Street Add	ress (P.O. Box Number is Not Acceptable)		A	
B3 B4 City FL B5 Zip Code								
11. Fursiant to the provisions of Socions 807.0502 and 607.1508, Foreial Statutes, the above named corporation submits the statement for the purpose of changing as registered office or registered agent, or both, in the State of Foreial Such change was authorized by the comparator's Leaved of directors. Thereby accept the appointment as registered agent. I am ransian with, and accept the obligations of, Socion 607.0506, I briefs Statutes. It the provision of obligations of Socion 607.0506, I briefs Statutes. It is a state of provision of the obligations of Socion 607.0506, I briefs Statutes. It is a state of provision of the obligation of Socion 607.0506, I briefs Statutes. It is a state of provision of the obligation of Socion 607.0506, I briefs Statutes. It is a state of provision of the obligation of Socion 607.0506, I briefs State of Provision of Socion 607.0506, I briefs Socion 607.0506, I b	#102			83				
1. Figs. and to the provisions of Sections 607-6960 and 607-1508, Ficions Statutes. Use allower named conjugations subtractive this statement for the purpose of changing its registered office for registered agent, a both in the State of Friorial Statutes and accept the obligations of, Section 607-0505, Florido Statutes. SIGNATURE	DELRAY	BEACH FL 33445		84 City		■ 85 Zip	Code	1
or registered agent, no both, in the State of Florids. Such change was authorized by the corporations. Lorded directors. Interest year-provintent as registered agent, 1 am familiar with colligitations of Section 507.0065, Indicas Statutors, 1 indicas State of Briefly accept the approximant as registered agent, 1 am familiar with colligations of Section 507.0065, Indicas Statutors, 1 indicas State of Briefly accept the approximant as registered agent, 1 am familiar with a position of the colligation of						•		i
	SIGNATURE	Signature, typied or printed name of rejictioned ago	rat and title if a constate; (A	Off Registered Agest signation is prin			RS IN 12	(36)
				1 1 TITLE		☐ Change	Addition	(12)
	NAM'E	BERGMANN, JOSEPH R.		1.2 NAME			8	
	STREET ADDRESS			1.3 STHEET ADDRESS				l E
	CITY-ST-7IP	DELRAY BEACH FL		1.4 CITY - ST - ZIP				K,
STREET ADDRESS 2 STREET ADDRESS 2 CITY_ST_ZIP	TIFLE		DELETÉ			[_] Change	☐ Addition	١
Cliv. S1-74P	NAME							
	-							
32 NAME			FOLDELETE			Change	Addition	
33 STREET ADDRESS 34 C174-S1-71P 34 C174-S1-72P 34 C174-S1-72P 34 C174-S1-72P 34 C174-S1-72P 34 C174-S1-72P 34 C174-S1-72P 42 NAME								
City-St-7IP								
DELETE DELETE 4.1 THE DODOO 1 762 4 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
CITY-ST-7IP TITLE DELETE 5 1 TITLE DELETE 5 2 NAME STREET ADDRESS CITY-ST-7IP 54 CITY-ST-2IP TIFLE DELETE 6 1 TITLE Change Addition Change Addition Change Addition Change Addition Change Addition			☐ DELETE		DDDDD12c:	Change	☐ Addition	
CITY-ST-7IP TITLE DELETE 5 1 TITLE DELETE 5 2 NAME STREET ADDRESS CITY-ST-7IP 54 CITY-ST-2IP TIFLE DELETE 6 1 TITLE Change Addition Change Addition Change Addition Change Addition Change Addition	NAME			4.2 NAME	-03/29/960103	C-42:U		
CITY-ST-7IP TITLE DELETE 5 1 TITLE DELETE 5 2 NAME STREET ADDRESS CITY-ST-7IP 54 CITY-ST-2IP TIFLE DELETE 6 1 TITLE Change Addition Change Addition Change Addition Change Addition Change Addition	STREET ADDRESS			4.3 STREET ADDRESS	***1200.00	0 000		
NAME STREEL ADDRESS CITY-ST-ZIP TIFLE DELETE 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP TO PAME STREEL ADDRESS CITY-ST-ZIP 6.1 TIFLE CANAME STREEL ADDRESS CITY-ST-ZIP 6.2 NAME 6.3 STREEL ADDRESS CITY-ST-ZIP 1.4 do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information individed on this angular proof in true and accurate and that my signalure shall have the same logal effect as if made under	CITY-ST-7IP			4 4 CH1Y - S1 - 7IP				
STREET ADDRESS CITY - ST - ZIP TITLE DELETE 6 1 TITLE Change Addition 14. 1 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(A). Florida Statutes. I further certify that the information individed on this angular proof if true and accurate and that my signalure shall have the same legal effect as if made under	TIFLE		☐ DEFEIE	5 1 TITLE		Change	Addition	
CHY-SI-ZIP S4 CHY-SI-ZIP	NAME			5 2 NAME			†	1
NAME STREET ADDRESS CHY-ST-ZIP 14. (do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information individed on this angular proof in true and accurate and that my signalure shall have the same legal effect as if made under	STREET ADDRESS			5.3 STHEFT ADDRESS				
NAME SIREET ADDRESS 63 STREET ADDRESS CHY- SI- ZIP 64 CHY- SI- ZIP 64 CHY- SI- ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information individed on this angular proof if true and accurate and that my signalure shall have the same legal effect as if made under						Chance	□ Addition	1
STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information individed on this angular proof if true and accurate and that my signalure shall have the same legal effect as if made under			[] DETE (F			☐ Change	☐ waaman	
CHY-S1-ZIP 6.4 CHY-S1-ZIP 6.4 CHY-S1-ZIP 6.4 CHY-S1-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information individed on this angular report or supplemental against period in true and accurate and that my signature shall have the same legal effect as if made under								
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information individed on this angular report or supplied against report it, true and accurate and that my signature shall have the same legal effect as if made under								
oodify that the information indicated on this angual report or supplemental agrual report it frue and accurate and that my signature shall have the same legal effect as it made under 1	14 Ldo bereb	v certify that the information supplier	d with this filing is voluntarily fo	roisheri and does not qualify	for the exemption stated in Section 119.07	(3)(k), Florida Statut	es. I further	
	codific that	t the information indicated on this ar	oual report or supplemental ac	must renort it true and accur	rate and that my sionature shall bave the sai	me legal eflect as it.	made under	

SIGNATURE: JOSEPH R. BIRGHAM