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 # **S15144** **(6)**

1. Corporation Name
TRIPLE P PRODUCTIONS, INC.

Principal Place of Business
1045 COPPITT ROAD
KEY WEST FL 33040

Mailing Address
1045 COPPITT ROAD
KEY WEST FL 33040

3. Date Incorporated Or Qualified **11/20/1990**
3a. Date of Last Report **09/22/1995**

4. FEI Number **65-0239475** 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 is subject for intangible tax under s. 199.052, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 County 30

9. Name and Address of Current Registered Agent
WALTER, JOSEPH W JR
1045 COPPITT ROAD
BIG COPPITT KEY FL 33040

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. Pursu[redacted]ida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered a[redacted] in the State of Florida. [redacted] changes as authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, a[redacted] Florida Statutes.

SIGNATURE [redacted] DATE 2/28/96

12. OFFICERS AND DIRECTORS

TITLE D
NAME WALTER, JOSEPH W. JR.
STREET ADDRESS 114 STAR LANE
CITY-ST-ZIP KEY WEST FL 33040
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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***200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not [illegible] for the exemption [illegible] Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that [illegible] have the same legal effect as if made under oath; that I am an officer [illegible] authorized to execute this report [illegible] Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 [illegible] change, or an attachment with an address.

SIGNATURE: [redacted] 2/28/96

SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Customer #

CR2E034 (12/95)