

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morzham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **S78914** (6)
T. Corporation Name
TRIANGOLO PROFESSIONAL GROUP, INC.

05 MAR - 1 AM 11: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **6196 NW 11TH STREET, SUNRISE FL 33313**
Mailing Address: **6196 NW 11TH STREET, SUNRISE FL 33313**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/10/1991	3a. Date of Last Report 04/20/1994
4. FEI Number 65-0288310	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 has liability for franchise tax under § 100.002, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	2a. Mailing Address Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent
**TRIANGOLO, EDWARD P.
6196 NW 11TH STREET
SUNRISE FL 33313**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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 _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TRIANGOLO, EDWARD P.
STREET ADDRESS	6196 NW 11TH STREET
CITY, ST, ZIP	SUNRISE FL
TITLE	VD
NAME	ANSON, SHARON
STREET ADDRESS	6196 NW 11TH STREET
CITY, ST, ZIP	SUNRISE FL
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

14. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
15. NAME	
16. STREET ADDRESS	
17. CITY, ST, ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
18. TITLE	
19. NAME	
20. STREET ADDRESS	
21. CITY, ST, ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
22. TITLE	
23. NAME	
24. STREET ADDRESS	
25. CITY, ST, ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
26. TITLE	
27. NAME	
28. STREET ADDRESS	
29. CITY, ST, ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
30. TITLE	
31. NAME	
32. STREET ADDRESS	
33. CITY, ST, ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>

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(2)(b), Florida Statutes. I further certify that the information included 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: *Edward P. Triangolo* Pres
EDWARD P. TRIANGOLO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95
Date