

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # S78914 (6)**

1. Corporation Name  
**TRIANGOLO PROFESSIONAL GROUP, INC.**



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

3. Date Incorporated or Qualified: **09/10/1991**  
3a. Date of Last Report: **05/01/1995**  
4. FET Number: **65-0288310**  
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 has liability for intangible tax under s. 190.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24)  
2a. Mailing Address (25-30)  
22. Suite, Apt. #, etc.  
27. Suite, Apt. #, etc.  
23. City & State  
28. City & State  
24. Zip, Country  
25. Zip, 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 (81-85)  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when filing change)  
Signature: typed or printed name of registered agent and title if applicable. DATE

12. OFFICERS AND DIRECTORS  
TITLE: PD  
NAME: **TRIANGOLO, EDWARD P.**  
STREET ADDRESS: **6196 NW 11TH STREET**  
CITY-ST-ZIP: **SUNRISE FL**  
[ ] DELETE  
TITLE: VD  
NAME: **ANSON, SHARON**  
STREET ADDRESS: **6196 NW 11TH STREET**  
CITY-ST-ZIP: **SUNRISE FL**  
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE [ ] Change [ ] Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE [ ] Change [ ] Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE [ ] Change [ ] Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE [ ] Change [ ] Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE [ ] Change [ ] Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE [ ] Change [ ] Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 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.

SIGNATURE: *S. P. Triangolo* **3/28/96 954 581 0970**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (12/95)