

3-14-97 B 3298 C  
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Mar 19 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V18209 (9)  
1. Corporation Name  
TRIPLE S ENGINEERING, INC.



Principal Place of Business  
9807 54TH STREET  
TEMPLE TERRACE FL 33617  
US

Mailing Address  
9807 54TH ST.  
TEMPLE TERRACE FL 33617-4017  
US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/02/1992	3a. Date of Last Report 04/26/1996
21 State, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-3108084	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
SHORT, PAUL R.  
7522 N 40TH ST.  
TAMPA FL 33604

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. 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 to 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 reissuing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PD	COMBES, PATRICIA A.	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
9807 54TH ST.	TEMPLE TERRACE FL		
D	BARRILLEAUX, DAWN	2.1 TITLE	2.2 NAME
617 ROLLINGWOOD LANE	VALRICO FL	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
D	SMITH, DENISE	3.1 TITLE	3.2 NAME
2706 HIDEWAY LANE	VALRICO FL	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
		4.1 TITLE	4.2 NAME
		4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
		5.1 TITLE	5.2 NAME
		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
		6.1 TITLE	6.2 NAME
		6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: *Patricia A. Combes* President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/97 813-985-6544  
Date Daytime Phone #

0963231

CR2E034 (9/96)