FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

ANNUAL REPORT
1995

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 28 PM 4: 14

DOCUMENT # 629723 (8)

1. TRIDENT INDUSTRIAL PRODUCTS CORP.

Principal Place of Business	Mailing Address
8555 W. MCNAB RD TAMARAC FL 33321	8555 W. MCNAB RD TAMARAC FL 33321

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/01/1979	3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-1922363	☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCHNEIDER, JEROME 8040 BUTTONWOOD CR. TAMARAC FL 33321	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 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 reinstating) DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 1 TITLE	☐ Change ☐ Addition
NAME	SCHLOSSBERG, MORTON	1 2 NAME	
STREET ADDRESS	10157 NW 3RD PLACE	1 3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	1 4 CITY-ST-ZIP	
TITLE	STD	2 1 TITLE	☐ Change ☐ Addition
NAME	GORDON, STEVEN	2 2 NAME	
STREET ADDRESS	153 NW 104TH AVE.	2 3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	2 4 CITY-ST-ZIP	
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY-ST-ZIP		3 4 CITY-ST-ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY-ST-ZIP	

14. I the undersigned 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: Morton Schlossberg (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)
MORTON SCHLOSSBERG

2/23/95 (Date) 305-726-0170 (Daytime Phone #)

0220450 CP