

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**May 05 1997 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F42322 (0)**

**1. Corporation Name**  
**TRIDENT PROPERTIES, INC.**

<b>Principal Place of Business</b> <b>1000 HOLLAND DRIVE</b> <b>SUITE 5</b> <b>BOCA RATON FL 33487</b>	<b>Mailing Address</b> <b>1000 HOLLAND DRIVE</b> <b>SUITE 5</b> <b>BOCA RATON FL 33487-2723</b>
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<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		<b>3. Date Incorporated or Qualified</b> <b>08/27/1981</b>	<b>3a. Date of Last Report</b> <b>05/01/1996</b>
<b>4. FEI Number</b> <b>59-2448182</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		<b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					

<b>9. Name and Address of Current Registered Agent</b> <b>SABGA, ASSAD</b> <b>1000 HOLLAND DRIVE, SUITE 5</b> <b>BOCA RATON FL 33431</b>		<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
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**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** \_\_\_\_\_

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
<b>TITLE</b> <b>PD</b>	<b>NAME</b> <b>SABGA, ASSAD</b>	<b>1.1 TITLE</b>	<b>1.2 NAME</b>
<b>STREET ADDRESS</b> <b>6570 NW 39 TERR</b>	<b>CITY-ST-ZIP</b> <b>BOCA RATON FL</b>	<b>1.3 STREET ADDRESS</b>	<b>1.4 CITY-ST-ZIP</b>
<b>TITLE</b> <b>VST</b>	<b>NAME</b> <b>SABGA, ASSAD</b>	<b>2.1 TITLE</b>	<b>2.2 NAME</b>
<b>STREET ADDRESS</b> <b>6570 NW 39 TERR</b>	<b>CITY-ST-ZIP</b> <b>BOCA RATON FL</b>	<b>2.3 STREET ADDRESS</b>	<b>2.4 CITY-ST-ZIP</b>
<b>TITLE</b> <b>NAME</b>	<b>STREET ADDRESS</b>	<b>3.1 TITLE</b>	<b>3.2 NAME</b>
<b>CITY-ST-ZIP</b>	<b>3.3 STREET ADDRESS</b>	<b>3.4 CITY-ST-ZIP</b>	<b>4.1 TITLE</b>
<b>TITLE</b> <b>NAME</b>	<b>STREET ADDRESS</b>	<b>4.2 NAME</b>	<b>4.3 STREET ADDRESS</b>
<b>CITY-ST-ZIP</b>	<b>4.4 CITY-ST-ZIP</b>	<b>5.1 TITLE</b>	<b>5.2 NAME</b>
<b>TITLE</b> <b>NAME</b>	<b>STREET ADDRESS</b>	<b>5.3 STREET ADDRESS</b>	<b>5.4 CITY-ST-ZIP</b>
<b>CITY-ST-ZIP</b>	<b>6.1 TITLE</b>	<b>6.2 NAME</b>	<b>6.3 STREET ADDRESS</b>
<b>TITLE</b> <b>NAME</b>	<b>STREET ADDRESS</b>	<b>6.4 CITY-ST-ZIP</b>	<b>7.1 TITLE</b>
<b>CITY-ST-ZIP</b>	<b>7.2 NAME</b>	<b>7.3 STREET ADDRESS</b>	<b>7.4 CITY-ST-ZIP</b>

**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:** \_\_\_\_\_ **DATE:** 4/17/97 (501) 997-1140

CP2E034 (9/96)