PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F95000004620

TRIDENT DATA SYSTEMS, INC.

Principal Place of Business								
-000	141	^EA	m ib	v٥	w	#700		

Mailing Address

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90082 016 ***150.00



Principal Place	or business	Maining Address						
5933 W CENTURY BLVD #700 LOS ANGELES CA 90045		5933 W CENTURY BLVD #700 LOS ANGELES CA 90045			DO NOT WRITE IN THIS SP	PACE		
					3. Date Incorporated or Qualifed			
					09/22/1995		Í	
2. Principal Pl	ace of Business	2a. Mailing Address		*	4. FEI Number	$\top \top I$	Applied For	
–	000 01 20011000	26			95-3032229		Not Applicable	
21 Suite, Apt. i	# etc	Suite, Apt. #, etc.			_	\$8.75	Additional	
—		27			5. Certificate of Status Desired	*	Required	
City & State		City & State			6 Election Campaign Financing	\$5.0	0 May Be	
—		28			Trust Fund Contribution		d to Fees	
Zip	Country	Zip	Country		This corporation owes the current year Intang			
¬ '	<u>с</u> — т	<u>├</u>	1			Yes	□No	
24	9. Name and Address of Current	-l	<u> </u>		10. Name and Address of New Registered Ag			
	5. Name and Address of Corrent	Kedistered whent	81	Name	((44))			
THE	PRENTICE-HALL CORPORATION :	SYSTEM INC	L.					
	HAYS STREET	2. 2. Em) 110.	82	82 Street Address (P.O. Box Number is Not Acceptable)				
	E 105		83					
IALL	AHASSEE FL 32301		84	City		85 Zi	ip Code	
					FL!			
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was auth-	onzed by	tne corpora	rporation submits this statement for the purpose of ch tion's board of directors. I hereby accept the appointn	nent as	registered	
SIGNATURE		*			ired when reinstating) DATE	_		
12.	Signature, typed or printed name of registered agent a OFFICERS AND		13.	r alguarore redu	ADDITIONS/CHANGES TO OFFICERS AND	DIREC	TORS IN 12	
		☐ DELETE	1.1 TITLE	· · · · · · · · · · · · · · · · · · ·		Chang		
TITLE	DC		1.2 NAME		_		_	
NAME	LUKAS, FRED						Į	
STREET ADDRESS	5933 W CENTURY BLVD #700			TADDRESS				
CITY-ST-ZIP	LOS ANGELES CA 90045		1.4 CITY-S	Ţ-ZIP		Chang	je 🗍 Addition	
TITLE	DCP	☐ DELETE	2.1 TITLE		L	_) Gliany	le ["] Yourou	
NAME	PARKS, JOE		2.2 NAME				j	
STREET ADDRESS	5933 W CENTURY BLVD #700		2.3 STREE	TADDRESS			ļ	
CITY-ST-ZIP	LOS ANGELES CA 90045		2. 4 CITY-5	ST-ZIP	<u></u>		····	
TITLE	DV	☐ DELETE	3.1 TITLE			Chang	je 🗌 Addition	
NAME	MUCKLEY, DAVE		3.2 NAME					
STREET ADDRESS	5933 W CENTURY BLVD #700		3.3 STREE	TADORESS				
CITY-ST-ZIP	LOS ANGELES CA 90045		3.4. CITY-5	1				
TITLE	D	☐ DELETE	4.1 TITLE			Chang	ge Addition	
	COHEN, HARVEY	- -	4. 2 NAME					
NAME				T ADDRESS				
STREET ADDRESS	5933 W CENTURY BLVD #700						'	
CITY-ST-ZIP	LOS ANGELES CA 90045	□ DELETE	4.4 CITY-S	1-ZIP		Chan	ge Addition	
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME				g	
NAME	1							
STREET ADDRESS				TADDRESS				
CITY+ST-ZiP			5.4 CITY-S	T-ZIP				
тпс		☐ DELETE	6.1 TITLE	\	Γ	Chang	ge	
NAME	·		6.2 NAME					
STREET ADDRESS		/	6.3 STREE	TADDIRESS				
OTTLET ADDRESS		1	6.4 CITY-S	T-ZU				

14. I 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 thay 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 keport 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, with all other like empowered.

SIGNATURE: