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

PROFIT . CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9700001176 1. Corporation Name

TRIUMPH/JDC COMPANY

Principal Place	of Business	Mailing Address		3 (00 160 1614 1614 1604 16	,
5500 NW 21 TERR 1255 FT LAUDERDALE EXECUTIVE AIRPORT HANGE #7 WAY!		1255 DRUMMERS LN #200 Wayne Pa 19087		DO NOT WRITE IN THIS SPACE	
FT LAUDERDALI	E FL 33309			3. Date Incorporated or Qualifed	. ""
03				03/06/1997	
2 Principal Pl	ace of Business	2a. Mailing Address	<u>.</u>	4. FEI Number A	pplied For
21		26		20 200 12 10	ot Applicable
Suite, Apt.	#, etc. ,	Suite, Apt. #, etc.	<u> </u>	T TO THE TOTAL OF CHARLES Decisions of the Control	Additional
22	-	27		Fee R	equired
City & State	e	City & State			May Be
23		28		Trader dire delicitation	to Fees
Zip	Country	Zip	Country.	8. This corporation owes the current year Intangible	□No
24	25		30	Personal Property Tax. Lyes 10. Name and Address of New Registered Agent	
	9. Name and Address of Curren	t Registered Agent	81 Name	IV. Name und Addison V. Have taged	
COR	PORATION SERVICE COMPANY	ter of a fitter	[]		
	HAYS STREET		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	AHASSEE FL 32301-2525		83		
					2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
			84 City	FL 85 Zip	Code
	to the assurations of Scotions 607 050	2 and 607 1508. Florida Statuti	es, the above-named con	tion submits this statement for the purpose of changing if	s registered
				ion's board of directors. I hereby accept the appointment as r	egistered
agent I a	m familiar with, and accept the obligation	tions of, Section 607.0505, Fio.	nda Statutes.		
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE	Registered Agent signature requir	ed when reinstating) DATE	
12		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	
TITLE	DCP	☐ DELETE	1.1 TITLE	Change	Addition
NAME	ILL, RICHARD C		1.2 NAME		
STREET ADDRESS	AGES DOLUMETEDS IN #000		1.3 STREET ADDRESS		
CITY-ST-ZIP	WAYNE PA 19087		1.4 CITY-ST-ZIP		- Addition
TITLE	VT	☐ DELETE	2.1 TITLE	☐ Change	Addition
NAME	BARTHOLDSON, JOHN R		2.2 NAME		
STREET ADDRESS	1255 DRUMMERS LN #200		2.3 STREET ADDRESS		
CITY-ST-ZIP	WAYNE PA 19087	· · · · · · · · · · · · · · · · · · ·	2. 4 CITY-ST-ZIP	[7] Change	Addition
TITLE	S	· DELETE	3.1 TITLE	Change	Addition
NAME.	EISENSTAEDT, RICHARD M		3.2 NAME		
STREET ADDRESS	1255 DRUMMERS LN #200		A A ATTICCT ADDITICO		
CITY-ST-ZIP	1 1 T 1 2 2 2 3 1		3.3 STREET ADDRESS		***
TITLE	WAYNE PA 19087		3.4. CITY-ST-ZIP	Change	Addition
	1 1 T 1 2 2 2 3 1	☐ DELETE	3.4. CITY-ST-ZIP	☐ Change	Addition
NAME .	1 1 T 1 2 2 2 3 1	DELETE	3.4. CITY-ST-ZIP	☐ Change	Addition
NAME STREET ADDRESS	WAYNE PA 19087	☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS	☐ Change	Addition
	WAYNE PA 19087	ii.	3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		_
STREET ADDRESS	WAYNE PA 19087	☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	☐ Change	_
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	WAYNE PA 19087	ii.	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	☐ Change	_
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	WAYNE PA 19087	☐ DELETE	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	☐ Change	e ∏ Addition

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 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 received 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 affectment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 06, 1999 8:00am

Secretary of State

02-06-1999 90020 009 ***150.00