FILED Feb 24, 1999 8:00 am

Secretary of State

02-24-1999 90176 038 ***150.00

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 # K81069

1. Corporation Name

TRIDENT PROMOTIONAL CORPORATION

Principal Place of Business Mailing Address							1	1 10610111 001 10101 11011 00110 01110 1911 01111 1))) 6 /6/1 166/		
		2TH AVENUE SOUTH	H AVENUE SOUTH										
STE 302 STE. 302						DO MOTINGIES W. THE SOLOS							
NAPLES FL 33940 NAPLES FL 33940								DO NOT WRITE IN THIS SPACE					
							3.	Date Incorporated or Qualifed					
O Malina Address								04/18/1989 FEI Number		LAnn	lied For		
2. Principal Place of Business			2a. Mailing Address				1			 ''	Applicable		
Suite, Apt. #, etc.			26 Suite, Apt. #, etc.				+ -	65-0120941	\$8.7	<u>. </u>	Iditional		
22			27				5.	Certifcate of Status Desired		e Req			
City & State			City & State				6.	Election Campaign Financing	\$5.	00 k	fay Be		
23			28				•	Trust Fund Contribution		ded to			
Zip Country			Zip Country				8.	This corporation owes the current year Int	angible				
24	25	29		30				Personal Property Tax.	Yes	. <u>[</u>	JNo		
	9. Name and Address of Curr	ent Registe	red Agent				10.	Name and Address of New Registered	Agent				
				8	1	Name							
BAILEY, SIMON				82	2	Street Addre	ess (P	P.O. Box Number is Not Acceptable)					
801 12TH AVENUE SOUTH				July Street Add			,						
STE. 302			8:	3									
NAPLES FL 33940			8.	84 City				85	Zip Co	ode			
				j	1	•		FL	-				
11. Pursuant	to the provisions of Sections 607.05	02 and 607	1.1508, Florida Statut	es, the abo	ve-r	named corpo	ratio	n submits this statement for the purpose of	changin	g its re	egistered stored		
office or r agent. I a	egistered agent, or both, in the Stat im familiar with, and accept the obliq	e of Florida jations of, S	. Such спапде was a Section 607.0505, Flo	utnorized b rida Statute	yını ⊗s.	e corporation	n s bc	oard of directors. I hereby accept the appoi	iiuiieiit e	is regi	316160		
SIGNATURE											_		
SIGNATURE	Signature, typed or printed name of registered as	jent and title if a	pplicable (NOTE		ent si	ignature required					- 12		
12.	OFFICERS A	ND DIREC		13.		~ 		ADDITIONS/CHANGES TO OFFICERS A			S IN 12		
TITLE	PTD		☐ DELETE	1.1 TITLE					☐ Cha	rige			
NAME	BAILEY, SIMON			1.2 NAME									
STREET ADDRESS	801 12TH AVENUE SO., STE.	102		1.3 STRE									
CITY-ST-ZIP	NAPLES FL 33940		□ DELETE	14 CITY-		ZIP			Cha		Addition		
TITLE			TT DEFEIE	2.1 TITLE						nge			
NAME				2.2 NAME							1		
STREET ADDRESS				2.3 STREE		ŀ							
CITY-ST-ZIP	·		☐ DELETE	2.4 CITY-		ZIP .	- ~,	<u> </u>	:Char	nge	Addition		
TITLE				31 TITLE						.30	. , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
NAME				3.2 NAME							•		
STREET ADDRESS				3.3 STREE		1							
CITY-ST-ZIP			☐ DELETE	3.4, CITY- 4.1 TITLE		ZIP			Cha	nge	Addition		
TITLE				4. 2 NAME					_	•			
NAME				4.2 NAME		DDDEED							
STREET ADDRESS				4.4 CITY-									
CITY-ST-ZIP TITLE			☐ DELETE	5.1 TITLE	31-2	-IF			☐ Cha	nge	Addition		
NAME				5.2 NAME				•	_	-	_		
STREET ADDRESS				5.3 STREE		DDRESS							
CITY-ST-ZIP				5.4 CITY-									
TITLE			☐ DELETE	6.1 TITLE					☐ Cha	nge	Addition		
NAME				6.2 NAME		}					•		
STREET ADDRESS				6.3 STREE	3 STREET ADDRESS								
						- 1					I		

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 redeiver 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 or an attachment with an additional with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

Simon Bailey 2/11/99