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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05465

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City & State

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T.D.I. PROCESSING INC.

City & State

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FILED
May 20 1997 8:00am
Secretary of State

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Principal Place of Business	Mailing Address	.) I INDITES AID BRIDT DITTE DIDITE BITCH BITCH	8484) 91911 Q\BII BI	
E/O THOMAS B. WOLF 20 S.E. 12TH AVENUE IOMPANO BEACH FL 33060	C/O THOMAS B. WOLF 420 S.E. 12TH AVENUE POMPANO BEACH FL 33060-7426			
		3. Date Incorporated or Qualified 07/28/1989	3a. Date of 08/28/1	Last Report 996
. Principal Place of Business	2a. Mailing Address	 4. FEI Number		Applied For
וו	26	65-0135172		Not Applicab
Suite Ant # etc	Suite, Apt. #, etc.		\$t	R 75 Additional

9. Name and Address of Current Registered Agent
WOLF, THOMAS B.
420 S.E. 12TH AVENUE
POMPANO BEACH FL 33060

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Country

			5. Certificate of Status Desired	W	\$8.75 Additional Fee Required		
			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Cou	intry		This corporation has liability for Florida Statutes	intangibl	e tax under s. 199.032,		
		10, Name and Address of New Registered Agent					
	81	Name					
	82	Street Addres	ss (P.O. Box Number is Not Accepta	ible)			
	83						
	84	City	,		Iss Zin 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.

NAME	agent. I a	m familiar with, and accept the onligations of, Sec	tion 607.0505, Fig	orida Statutes.			
18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	SIGNATURE	Signature, typod or printed name of registered agent and title if appli	icabile (NO1	Fingstpred Agent signature requir	eo when reinstating) DATL		
NAME GAUTAM, SHAM 12 NAME 13 STREET ADDRESS						S AND DIRECTORS IN	
STREET ADDRESS 2214 HOLLY LANE 1	TITLE	D	DELETE	1 101.6		Change	Addition
AVON OH	NAME	Gautam, Sham		1.2 NAME	•		
DELETE D	STREET ADDRESS	2214 HOLLY LANE		1.\$ STREET ADDRESS			
DELETE D	CITY-ST-ZIP	AVON OH		1.4 CHY-ST-ZiP			
STREET ADDRESS 5122 N.E. 17TH TERR		D	DELETE	2.1 TITLE		Change	Addition
STREET ADDRESS 5122 N.E. 17TH TERR	NAME	GREENE, CHARLES W.		2.P NAME			
DELETE PC	STREET ADDRESS			2.8 STREET ADDRESS			
TITLE	CITY-ST-ZIP			2.4 CITY-ST-7IP			
STREET ADDRESS 420 S.E. 12TH AVE. 3 STREET ADDRESS		PC	DELETE	3.h 101.E		Change	Addition
STREET ADDRESS 420 S.E. 12TH AVE. 3 STREET ADDRESS	NAME	WOLF, THOMAS B.		3.⊉ NAME			
TITLE D DELETE 41 TITLE NAME PROUDFOOT, BILLIE L STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33060 DELETE 51 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME DELETE 52 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 53 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 54 TITLE DELETE 56 TITLE NAME DELETE 66 TITLE NAME Addition Change Addition Addition Change Addition Addition Addition Change Change Addition Change Change Addition Change Chan	STREET ADDRESS			3.B STREET ADDRESS			÷
DELETE	C(TY-ST-7)P	POMPANO BEACH FL		3 4. CITY-ST-ZIP			
STREET ADDRESS SO			DELETE	4.1 TITLE		Change	Addition
STREET ADDRESS SO	NAME	PROUDFOOT, BILLIE L		4 2 NAME			
CITY-ST-ZIP POMPANO BEACH FL 33060	STREET ADDRESS		•	4 B STREET ADDRESS			
TITLE □ DELETE 51 INTLE □ Change □ Additu NAME 52 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP TITLE □ DELETE 61 TITLE NAME □ Change □ Additi				44 City-S1: 7IP			
NAME 52 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP TITLE □ DELETE 61 TITLE □ Change □ Addition NAME 62 NAME □ Change □ Addition			DELETE			Change	Addition
53 STREET ADDRESS 53 STREET ADDRESS 54 CHY-ST-ZIP				5 2 NAME			
SH CHY-S1-ZIP SH CHY-S1-ZIP Change Addition A							
TITLE DELETE 6.1 TITLE Change Addition NAME 62 NAME							
NAME 62 NAMC			DELETE		L	Change	Addition
			-	62 NAME	•		
OTV. CT. 7/2		1					

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 trustice 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 attachnier tyth an address.