

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L05465** (4)
1. Corporation Name
T.D.I. PROCESSING INC.



Principal Place of Business C/O THOMAS B. WOLF 420 S.E. 12TH AVENUE POMPANO BEACH FL 33060	Mailing Address C/O THOMAS B. WOLF 420 S.E. 12TH AVENUE POMPANO BEACH FL 33060
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 C/O THOMAS B. WOLF Suite, Apt. #, etc. 22 230 S. CYPRESS RD. SUITE 6130 City & State 23 POMPANO BEACH, FLORIDA Zip 24 33060		2a. Mailing Address 26 C/O THOMAS B. WOLF Suite, Apt. #, etc. 27 230 S. CYPRESS RD. SUITE 6130 City & State 28 POMPANO BEACH, FLORIDA Zip 29 33060		3. Date Incorporated or Qualified 07/28/1989	
		4. FEI Number 65-0135172		Applied For <input type="checkbox"/> Not Applicable	
		6. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent WOLF, THOMAS B. 420 S.E. 12TH AVENUE POMPANO BEACH FL 33060		10. Name and Address of New Registered Agent 81 Name WOLF, THOMAS B. 82 Street Address (P.O. Box Number is Not Acceptable) 801 S. FEDERAL HIGHWAY 83 APT. 709 84 City POMPANO BEACH, FL 85 Zip Code 33062	
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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 Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE	
12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GAUTAM, SHAM 2214 HOLLY LANE AVON OH <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GREENE, CHARLES W. 5122 N.E. 17TH TERR FT. LAUDERDALE FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PC WOLF, THOMAS B. 420 S.E. 12TH AVE. POMPANO BEACH FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PROUDFOOT, BILLIE L. 801 S. FEDERAL HIGHWAY, APT. 709 POMPANO BEACH FL 33060 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.C. WOLF, THOMAS B. 801 S. FEDERAL HIGHWAY APT. 709 POMPANO BEACH, FL. 33062
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D PROUDFOOT, BILLIE L. 801 SOUTH FEDERAL HIGHWAY APT. 709 POMPANO BEACH, FL. 33062
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: **Thomas B. Wolf** **THOMAS B. WOLF** 4/18/98 954-942-0521

CR2E034 (10/97)