


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

97 APR 24 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company	DOCUMENT #L96000000369
TRIDON L.C. 3527 W. HILLSBORO BLVD. DEERFIELD BEACH FL 33442	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.	

1a. Principal Place of Business Address
3527 W. HILLSBORO BLVD. DEERFIELD BEACH FL 33442

2. Principal Place of Business	2a. Mailing Address
3287 CORAL LAKE DR.	Box 262
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
CORAL SPRINGS, FL	COCONUT CREEK, FL
Zip	Zip
33065	33097
Country	Country
USA	USA

3. Date Organized or Qualified	3a. State of Formation
03/25/1996	FL
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
65-0647827	
5. Date of Last Report	6. Certificate of Status Desired
THIS IS FIRST SINCE INCORP.	SR 75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent
LONDON, SHELDON M 9301 SW 94TH PL. MIAMI FL 33176

8. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City
FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when re-stating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	WILSON, DONN R	3287 CORAL LAKE DR.	CORAL SPRINGS, FL 33065
		5921 TOWN DAY DR.	DOGA RAPON FL
		5343 HIGHPOINTS TER.	BLOOMINGTON IN

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: _____ DATE: 21 APR 97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR TRUSTEE