

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Norman  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

DOCUMENT # **M99950** (1)

MAY 1 11:40

**TRIDENT RESEARCH GROUP, INCORPORATED**

RECORDS  
FOLLOWING

Principal Place of Business: **E. WAYNE HARRIS, 4691 N. UNIVERSITY DR. #320, CORAL SPRINGS FL 33067**  
Mailing Address: **E. WAYNE HARRIS, 4691 N. UNIVERSITY DR. #320, CORAL SPRINGS FL 33067**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	3a. Date of Last Report
21		25		09/19/1988	04/28/1994
22		27		4. FEI Number	Applied For
23		28		65-0076224	Not Applicable
24		29		5. Certificate of Status Desired	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				7. This corporation has liability for intangible tax under s. 199.042, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>HARRIS, E. WAYNE</b> <b>4691 N. UNIVERSITY DR.</b> <b>#320</b> <b>CORAL SPRINGS FL 33067</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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. Thereby, accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0504, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN:	
TITLE	PD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, E. WAYNE	2. NAME	
STREET ADDRESS	3240 N.W. 114TH AVE.	3. STREET ADDRESS	
CITY & ZIP	CORAL SPRINGS FL	4. CITY & ZIP	
TITLE	STD	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, STACEY D.	6. NAME	
STREET ADDRESS	3240 N.W. 114TH AVE.	7. STREET ADDRESS	
CITY & ZIP	CORAL SPRINGS FL	8. CITY & ZIP	
TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY & ZIP		12. CITY & ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY & ZIP		16. CITY & ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY & ZIP		20. CITY & ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.042(1)(b), 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 on block 12 of this report, or on the attached form with an address.

SIGNATURE: **E. Wayne Harris** 4/29/95 (305) 755-0893  
SIGNATURE AND TYPED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR