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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000053327 (1)

TRIDENT MARINE INC.						
Principal Place of Business		Mailing Address		- 1 10001000 110 10400 1011 0011 0011 00		
17905 S.W. 188 ST. 17905 S. W. 188 ST. MIAMI FL 33187 MIAMI FL 33187 US US				DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified 07/26/1993		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0426689	-	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8. F	
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5 A	
Zip	Country 25	Zip 29	Country 30	8. This corporation owes or has paid the curre Personal Property Tax due June 30.	nt ye Yes	

FILED Jan 27 1998 8:00am Secretary of State

Applied For Not Applicable \$8.75 Additional tus Desired Fee Required gn Financing \$5.00 May Be ibution Added to Fees owes or has paid the current year intangible Yes I No y Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name EDLIN, ALEXANDER 17905 S. W. 188TH STREET Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33187 Zip 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. SIGNATURE (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE BROWNING, RICOU NAME 1.2 NAME CR2E034 STREET ADDRESS 15248 SW 167TH ST 1,3 STREET ADDRESS MIAMI FL 33187 CITY-SY-ZIP 1.4 CiTY - ST - ZIP Change Addition TITLE DFLFTE 2.1 TITLE NAME EDLIN, ALEX 2.2 NAME 17905 S. W. 188 ST. STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST- ZIP CITY-ST-ZIP Change DELETE Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 6.1 TITLE NAME 6.2 NAME

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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 chapter 607 or on an attachment with an address.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS CITY - SY-ZIP

305) 378-0433