FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P95000012853 (4)

1. Corporation Name
T R D W, INC.

Principal Place of Business
17300 PINES BLVD.
PEMBROKE PINES FL 33029

Mailing Address
17300 PINES BLVD.
PEMBROKE PINES FL 33029

3. Date Incorporated or Qualified: 02/15/1995
3a. Date of Last Report:

4. FEI Number: 65-0565788 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: XX — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21: 20855 S.W. 36th Street
Suite, Apt. #, etc.
22:
City & State
23: Fort Lauderdale, FL
Zip 24: 33332 — Country 25: U.S.A.

2a. Mailing Address
26: P.O. Box 820010
Suite, Apt. #, etc.
27:
City & State
28: SOUTH FLORIDA, FL
Zip 29: 33082-0010 — Country 30: U.S.A.

9. Name and Address of Current Registered Agent
WEEKLEY, WAYNE D
17300 PINES BLVD.
PEMBROKE PINES FL 33029

10. Name and Address of New Registered Agent
81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 20855 S.W. 36th Street
83
84 City: Fort Lauderdale — FL — 85 Zip Code: 33332

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 ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	WEEKLEY, WAYNE D	
STREET ADDRESS	17300 PINES BLVD.	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	12151 S.W. 51st Place	
1.4 CITY-ST-ZIP	Cooper City, FL 33330	
2.1 TITLE	D	☐ Change ☒ Addition
2.2 NAME	WEEKLEY, DANIEL D.	
2.3 STREET ADDRESS	5450 S.W. 148th Ave.	
2.4 CITY-ST-ZIP	Fort Lauderdale, FL 33330	
3.1 TITLE	D	☐ Change ☒ Addition
3.2 NAME	WEEKLEY, TROY L.	
3.3 STREET ADDRESS	4931 S.W. 198th Terrace	
3.4 CITY-ST-ZIP	Fort Lauderdale, FL 33332	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Wayne D. Weekley, Director — 4-9-96 — 954-389-5311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)