

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 # P95000040523 (9)

1. Corporation Name

TRIDELTA, INC.



Principal Place of Business

Mailing Address

1776 NORTH PINE ISLAND ROAD
SUITE 100A
PLANTATION, FLORIDA 33322

1776 NORTH PINE ISLAND ROAD
SUITE 100A
PLANTATION, FLORIDA 33322

3. Date Incorporated or Qualified

05/23/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

29 Country

24

25

29

30

4. FEI Number

65-0583905

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FREEMAN, STEPHEN A
1304 S.W. 160TH AVE.
FT. LAUDERDALE FL 33326

81 Name

82 Street Address

83 City

84 Zip Code

FREEMAN, STEPHEN, A
1776 NORTH PINE ISLAND ROAD
SUITE 100A
PLANTATION, FLORIDA 33322 FL

85 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
DINANDT, PEPYN
STREET ADDRESS
1776 NORTH PINE ISLAND ROAD
CITY-ST-ZIP
SUITE 100A
PLANTATION, FLORIDA 33322

TITLE ☐ DELETE

NAME
XANTHOS, TONY, E
STREET ADDRESS
1776 NORTH PINE ISLAND ROAD
CITY-ST-ZIP
SUITE 100A
PLANTATION, FLORIDA 33322

TITLE ☐ DELETE

NAME
XANTHOS, TONY, E
STREET ADDRESS
1776 NORTH PINE ISLAND ROAD
CITY-ST-ZIP
SUITE 100A
PLANTATION, FLORIDA 33322

TITLE ☐ DELETE

NAME
XANTHOS, TONY, E
STREET ADDRESS
1776 NORTH PINE ISLAND ROAD
CITY-ST-ZIP
SUITE 100A
PLANTATION, FLORIDA 33322

TITLE ☐ DELETE

NAME
XANTHOS, TONY, E
STREET ADDRESS
1776 NORTH PINE ISLAND ROAD
CITY-ST-ZIP
SUITE 100A
PLANTATION, FLORIDA 33322

TITLE ☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/24/96

Date

(954) 476 5677

Daytime Phone #

CR2E034 (12/95)