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Feb 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 FL 33322~~
~~US~~

~~1776 NORTH PINE ISLAND ROAD~~
~~SUITE 100A~~
~~PLANTATION FL 33322-5233~~
~~US~~

3. Date Incorporated or Qualified
05/23/1995

3a. Date of Last Report
01/29/1996

2. Principal Place of Business

2a. Mailing Address

21 248 Three Islands Blvd

248 THREE ISLAND BLVD

4. FEI Number
65-0583905

Applied For
Not Applicable

22 Suite, Apt. #, etc.
307

Suite, Apt. #, etc.
307

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 City & State
HALLANDALE, FL

City & State
HALLANDALE, FL

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

24 Zip
33009

25 Country
Broward

29 Zip
33009

30 Country
Broward

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~~
~~1776 NORTH PINE ISLAND ROAD~~
~~SUITE 100A~~
~~PLANTATION FL 33322~~

81 Name
Chris Heaven
82 Street Address (P.O. Box Number is Not Acceptable)
248 Three Island Blvd.
83 Suite 307
84 City
Hallandale FL 85 Zip Code
33009

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 and accept the obligations of, Section 607.0505, Florida Statutes.

PLEASE
SIGN

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

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
Delete

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

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
President
CHRIS HEAVEN
248 THREE ISLAND BLVD, SUITE 307
HALLANDALE, FL 33009

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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 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 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.

PLEASE
SIGN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0281984

CR2E034 (9/96)