## FILE NOW: FILING FEE AFTER MAY 1 IS \$550

**PROFIT CORPORATION ANNUAL REPORT** 1997



FLORIDA DEPARTMENT

STATE Sandra B. Morth

Secretary of State

DIVISION OF CORPORA IONS

## DOCUMENT # P96000014675 (8)

TRIDAN PROPERTIES, INC.

Principal Place of Business

2383 FLAMINGO DRIVE STE 7

Mailing Address

2383 FLAMINGO DRIVE STE 7

## **FILED** Jun 11 1997 8:00am Secretary of State



MIAMI BEACH FL 33140		MIAMI BEACH FL 33140-4683						
					3. Date Incorporated or Qualified 02/13/1996	3a. Dat	e of Last I	Report
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Α	pplied For
21 4-07	Lincoln Road Mall	26			65-0613470		<del></del>	lot Applicable
22 # 0	#, etc. <b>H</b>	Suite, Apt. #, etc. 27			5. Certificate of Status Desired	<b>\$</b>		Additional lequired
	Beach, Morida	City & State		····	Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip 24 33139			Country 30	/ 		Yes 🔀	No	s. 199.032,
	g. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered A	gent	
	NA, BARBARA		81	Name				
	3 FLAMINGO DRIVE STE 7		82	Street Add	Iress (P.O. Box Number is Not Acceptab	ole)		
MIA	MI BEACH FL 33140		83					
			63					
· 			84			FL		Code
office or r agent. I a	egistered agent, or both, in the State of im tamiliar with and accept the obligation	of Florida. Such change was a tions of, Section 607.0505, Flor	s, the abov uthorized by rida Statute	e-named cor y the corpora s.	poration submits this statement for the patients board of directors. I hereby acceptions	ourpose of the appo	changing sintment a:	its registered s registered
SIGNATURE	Signature, typed or printed name of logistered agen		Registered Age	ont signature requ	ired when reinstating)	DATE	62/1	<del></del>
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	RS IN 12
TITLE	PRESIDENT	☐ DELETE	1.1 TITLE				Change	Addition
NAME	BARBARA TRIANA	7	1.2 NAME					
STREET ADDRESS	2363 FLAMINGO DR . #		1.3 STREET	ADDRESS				
CITY-ST-ZIP	MIAMI BEACH, FL 3710	10	14 CITY-5	ST-ZIP	·		70	
TITLE		☐ DELETE	2.1 TITLE		•	ı	Change	Addition
NAME OTOTET ADODESES			2.2 NAME	ADDDECC	· 1			
STREET ADORESS CITY-ST-ZIP			2.3 \$1REE1 2. 4 CITY-					
TITLE		DELETE	3.1 TITLE	51-ZIP			Change	Addition
NAME		<u>-</u>	3.2 NAME					_
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY-ST-ZIP			3 4. C/TY-	ST-ZIP		_		
TITLE		☐ DELETE	4.1 TITLE				Change	Addition
NAME			4. 2 NAME		i .			
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP		T beleve	4.4 CITY - 5	ST-ZIP			To:	T Lines
TITLE		☐ DELETE	5.1 TITLE	-		ı	Change	Addition Addition
NAME			5.2 NAME		•			
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP TITLE		☐ DELETE	5.4 DAY-5	51 - ZIP			Change	Addition
NAME		- Patric	6.2 N ME			'		オモ
STREET ADDRESS			6.3 S REE1	ADDRESS	KATTO OF O		(0	, 1,
CITY-ST-ZIP			6.4 C Y-S		\$\$ 73.75 BAN	L		112/
0(11-91-ZIF			F D.4 (F C - 2	21 - ZIF	<u></u>	·		<del></del>

14. I do hereby certify that the information supplied with this filing does not qualify for the information indicated on this annual report or supplemental annual report is true and I am an officer or director of the corporation or the receiver or trustee empowered to appears in Block 12 or Block 3 if changed, or on an attachment with an address. exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that but courate and that my signature shall have the same legal effect as if made under oath; that recute this report as required by Chapter 607, Florida Statutes; and that my name