SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Oct 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # P96000057887 (7)

1. Corporate Name
TRIDENT HOMES, INC.

Principal Place of Business
6917 COLLINS AVENUE
STE 1611
MIAMI BEACH FL 33141

Mailing Address
6917 COLLINS AVENUE
STE 1611
MIAMI BEACH FL 33141

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 | County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 | County 30

3. Date Incorporated or Qualified
07/08/1996

4. FEI Number
APPLIED FOR
[ ] 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 owes or has paid the current year Intangible Personal Property Tax due June 30 [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
LUBIN, SETH D
6917 COLLINS AVE
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent
81 Name: Nestor, Brenda
82 Street Address (P.O. Box Number is Not Acceptable): 6917 Collins Ave
83 Suite 1611
84 City: Miami Beach FL 85 Zip Code: 33141

11. Pursuant to the provisions of section 607.0502 or 1607.1508, 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] Nestor, Brenda 9/29/98
(Registered Agent signature required if registered agent is changing) DATE

12. OFFICERS AND DIRECTORS

TITLE: D
NAME: COLVIN, MELVIN
STREET ADDRESS: 6917 COLLINS AVENUE
CITY-ST-ZIP: MIAMI BEACH FL 33141
[ ] DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — [ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — [ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — [ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — [ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE: SVPD — [X] Change [ ] Addition
12 NAME:
13 STREET ADDRESS:
14 CITY-ST-ZIP:

21 TITLE: PCEO/Chairman/Director — [ ] Change [X] Addition
22 NAME: Posner, Victor
23 STREET ADDRESS: 6917 Collins Ave
24 CITY-ST-ZIP: Miami Beach Fl 33141

31 TITLE: EVPS/Asst Treas/Vice Chm + Director — [ ] Change [X] Addition
32 NAME: Nestor, Brenda
33 STREET ADDRESS: 6917 Collins Ave
34 CITY-ST-ZIP: Miami Beach, Fl 33141

41 TITLE: SVP/Asst.S/D — [ ] Change [X] Addition
42 NAME: Field, Lisa M
43 STREET ADDRESS: 6917 Collins Ave
44 CITY-ST-ZIP: Miami Beach, Fl 33141

51 TITLE: T — [ ] Change [X] Addition
52 NAME: Weychert, David
53 STREET ADDRESS: 6917 Collins Ave.
54 CITY-ST-ZIP: Miami Beach, Fl 33141

61 TITLE: CAT AS — [ ] Change [X] Addition
62 NAME: Launer, Blanche
63 STREET ADDRESS: 6917 Collins Ave.
64 CITY-ST-ZIP: Miami Beach, Fl 33141

14. I 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 attached amendment, with my address.

SIGNATURE: [signature] Nestor, Brenda 9/29/98 (305) 532-2222