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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

P96000071091 (8)

TRIDENT MARINE TECHNOLOGIES, INC. (USA)

FILED Feb 06 1998 8:00am Secretary of State

| Principal Plac                                     | ee of Business             | ECHNOLOGIES   | Mailing Ad          |          | i-1916        |          |          |  | DO NOT WRITE IN TH  |          |                          |  |
|--|----------------------------|---|---------------------|----------|---------------|----------|----------|--|---|----------|--------------------------|--|
| 2. Principal Place of Business 2a. Mailing Address |                            |   |                     |          |               |          |          |  | 08/23/1996 4. FEI Number Applied For                                |          |                          |  |
| 21   |                            |   | 26                  |          |               |          |          |  | 65-0718008 Not Applicable   |          |                          |  |
| Suite, Apt.  | #, <b>et</b> c.            |   | Suite, Apt. #, etc. |          |               |          |          |  | 5. Certificate of Status Desired                                    |          | 5 Additional<br>Required |  |
| City & Stat  | le .                       | City & State  |                     |          |               |          |          | 6 Floation Compaign Financing                                    |   |          |                          |  |
| 23   |                            |   | 28                  |          |               |          |          |  | 6. Election Campaign Financing Trust Fund Contribution              |          | 00 May Be<br>ed to Fees  |  |
| Zip  | ip Country                 |   |                     |          |               | untry    |          | 8. This corporation owes or has paid the current year Intangible |   |          |                          |  |
| 24   | 2                          | <del>'                                    </del>    | 29                  |          | 30            | ,        |          |  | Personal Property Tax due June 30.                                  | Yes      | <b>™</b> No              |  |
|  |                            | nd Address of Current                               | Registered A        | gent     |               | -        | N.L.     |  | 10. Name and Address of New Register                                | ed Agent |                          |  |
|  | L, ERIC D                  | A   |                     |          |               | 81       | Name     |  |   |          |                          |  |
|  | 330 MILLBRO<br>ICA RATON F |   |                     |          | 82 Street Add |          |          | s (P.O. Box Number is Not Acceptable)                            |   |          |                          |  |
| ъ  | OA NATOR I                 | C 33490-1810  |                     |          |               | 83       |          |  |   | 4        |                          |  |
|  |                            |   |                     |          |               | 84       | City     |  |   | . 85 Z   | ip Code                  |  |
|  |                            |   |                     |          |               |          | ,        |  | ation submits this statement for the purpose                        |          | •                        |  |
| office or i<br>agent. I a<br>SIGNATURE             |                            | nt, or both, in the State of and accept the obligat |                     |          |               |          |          |  | is board of directors. I hereby accept the a when reinstating)  DA1 |          | as registered            |  |
| 12.  | _                          | OFFICERS AND  | DIRECTORS           |          | 13.           |          |          |  | ADDITIONS/CHANGES TO OFFICERS A                                     |          |                          |  |
| TITLE  | PCEO                       |   |                     | DELETE   | 1.1 T         | ITLE     |          | V.R  | autua lavada  | Chang    | e 🔀 Addition             |  |
| NAME   | NILL, BRU                  |   |                     |          |               | IAME     |          | DAG  | EGALINE LANGOON   |          | i                        |  |
| STREET ADDRESS                                     |                            | LBROOK CT<br>TON FL 33498-1916                      |                     |          |               |          | ADURESS  | 77   | cquline LANGdon<br>Wimbury close<br>DME Somerset, Engl              | 10.12    | 204 250                  |  |
| CITY-ST-ZIP<br>TITLE                               | DV DV                      | 10M FL 33480-1810                                   |                     | DELETE   | 1.4 C         | HY-S     | T - ZIP  | FKC  | MIL Someksel, Engi  | Chano    | e Addition               |  |
| NAME   |                            | T, GREGORY L  |                     |          |               | IAME     |          |  |   |          |                          |  |
| STREET ADDRESS                                     |                            | LBROOK CT   |                     |          | 1             |          | ADDRESS  |  |   |          |                          |  |
| CITY-ST-ZIP  | BOCA RA                    | TON FL 33498-1916                                   |                     |          | 2.4           | CITY-S   | 31 - ZIP |  |   |          |                          |  |
| TITLE  | D                          |   |                     | DELETE   | 311           | TLE      |          |  |   | ☐ Chang  | e 🔲 Addition             |  |
| NAME   | NILL, BRU                  |   |                     |          | 3.2 N         |          |          |  |   |          |                          |  |
| STREET ADDRESS                                     |                            | LBROOK CT   |                     |          |               |          | ADDRESS  |  |   |          |                          |  |
| CITY-\$1-ZIP<br>TITLE                              | BUUA KA                    | TON FL 33498-1916                                   | ·····               | DELETE   | 3.4. f        | CITY - S | I - ZIP  | -  |   | Change   | e Addition               |  |
| NAME '   |                            |   |                     |          | 4.11          |          |          |  |   |          |                          |  |
| STREET ADDRESS                                     |                            |   |                     |          |               |          | address  |  |   |          |                          |  |
| CITY-ST-ZIP  |                            |   |                     |          |               | HTY-S    |          |  |   |          |                          |  |
| TITLE  | · · · -                    |   |                     | DELETE   | 5.1 T         |          |          |  |   | Change   | e Addition               |  |
| NAME   |                            |   |                     |          | 5.2 N         | IAME     |          |  |   |          |                          |  |
| STREET ADDRESS                                     |                            |   |                     |          | 5.3 S         | TREET    | ADDRESS  |  |   |          |                          |  |
| CITY-ST-ZIP  |                            |   |                     | DELETE   |               | HTY-S    | 1 - 71P  | <del> </del>   |   | Object   | Addition                 |  |
| TITLE  |                            |   |                     | ☐ DELETE | 6.1 T         |          |          |  |   | ∐ Change | e Addition               |  |
| NAME   |                            |   |                     |          |               | IAME     | 4 DADECC |  |   |          |                          |  |
| STREET ADDRESS                                     |                            |   |                     |          |               |          | ADDRESS  |  |   |          |                          |  |
| CHTY-ST-ZIP  | I                          |   |                     |          | ■ U.4 C       | ITY-S    | I - ZIP  | ł  |   |          | ŀ                        |  |

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 attachment with an address.

1-21.98

Consular Wan

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