

FILED

May 13, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORTFLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

199*

DOCUMENT # P98000049561

1. Corporation Name

TRIDEN COMMUNICATIONS, INC. ✓

Principal Place of Business

Mailing Address

550 Stonemont Drive
Weston FLA 33326

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

6/2/98

4. FEI Number

65-0642367 ✓

Applied For
Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$8.00 May Be
Added to Fees8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.☒ Yes ☐ No

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Donna Kirkovich
550 Stonemont Drive
Weston FLA 33326

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

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 principal office, 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 a resident of the State of Florida, and accept the obligations of Section 607.0505, Florida Statutes.

INITIALS

Donna Kirkovich

NOTE: Registered Agent signature required within notations

4/25/99

12. OFFICERS AND DIRECTORS

☐ DELETEDIRECTOR
Donna Kirkovich
550 Stonemont Drive
Weston FL 33326☐ DELETE☐ DELETE☐ DELETE☐ DELETE☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

☐ Change ☐ Addition☐ Change ☐ Addition14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), Florida Statutes. I further certify that the information
submitted 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 this 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:

Donna Kirkovich

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/99

954-389-5527

Daytime Phone # 0016100

CR2E034 (10/97)