FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT May 13 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # S63711 (3) TDI SERVICE INC. Principal Place of Business Mailing Address 8269 NW 64TH STREET 8269 NW 64TH STREET MIAMI FL 33166 MIAMI FL 33166 DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified 07/02/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0270559 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution П Added to Fees Zip Country Z_{ip} Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name TRAVIS, RICHARD A. 5301 **SW** 86 WAY 82 Street Address (P.O. Box Number is Not Acceptable) COOPER CITY FL 33328 83 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 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, typed or printed pame of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE P/S Travis, Richard A. X Change ___ Addition TRAVIS, RICHARD A. NAME 1.2 NAME 5301 SW 86 Way 5301 SW 86 WAY STREET ADDRESS 1.3 STREET ADDRESS Cooper City, FL 33328 **COOPER CITY FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition WELLS, IRVING NAME 2.2 NAME 3021 SW 37 AVENUE STREET ADDRESS 2.3 STREET ADDRESS HOLLYWOOD FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Addition NAME 3.2 NAME ROSANN TRAVIS STREET ADDRESS 5301 SW 86 WAY 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP COOPER CITY, FL. 33328 DELETE TITLE 4.1 10 LE Change ■ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE Change 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change TITLE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY-ST-ZIP 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 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 if changed or on an attackment with an address.

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