

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # V36830 (0)
1. Corporation Name
TRI-DINE INC.

Principal Place of Business
855 SOUTH NOVA ROAD
UNIT 262
ORMOND BEACH FL 32174
US

Mailing Address
855 SOUTH NOVA ROAD
UNIT 262
ORMOND BEACH FL 32174
US

FILED
May 01 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/14/1992

4. FEI Number

59-3121265

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

2. Principal Place of Business

21 725 S. NOVA ROAD

Suite, Apt. #, etc.

22 UNIT 262

City & State

23 ORMOND BEACH FL

Zip

24 32174

Country

2a. Mailing Address

26 725 S. NOVA ROAD

Suite, Apt. #, etc.

27 UNIT 262

City & State

28 ORMOND BEACH FL

Zip

29 32174

Country

30

9. Name and Address of Current Registered Agent

FRIEDMAN, JAMES T.
427 S NOVA ROAD
UNIT 262
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81 Name

FRIEDMAN JAMES T.

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

71 PUTNAM AVE

83

ORMOND BEACH

84 City

FL

85 Zip Code

32174

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 name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PSTD
FRIEDMAN, JAMES T.
427 S. NOVA RD. #262
ORMOND BEACH FL

☐ DELETE

NEW
ADDRESS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

FRIEDMAN JAMES T.
71 PUTNAM AVE
ORMOND BEACH FL 32174

☐ Change ☐ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

JAMES T. FRIEDMAN 4-27-98 804-673-1998

CR2E034 (10/97)