

**FILED**  
**May 03, 1999 8:00 am**  
**Secretary of State**

05-03-1999 90125 003 \*\*\*\*\*8.75  
 05-03-1999 90125 004 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS



~~1997~~ 1999

DOCUMENT # P96000099231 (8)

TNT-RESEARCH & DEVELOPMENT, P.A.



Principal Place of Business Mailing Address  
 25399 VANTAGE LANE 25399 VANTAGE LANE  
 PUNTA GORDA FL 33983-6128 PUNTA GORDA FL 33983-6128

3. Date Incorporated or Qualified 12/09/1986 3a. Date of Last Report  
 4. FEI Number 65-0713199 Applied For Not Applicable  
 5. Certificate of Status Desired  X \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 28 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
 AMERILAWYER CHARTERED  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134

10. Name and Address of New Registered Agent  
 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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when forthcoming) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                 |                              |                                 |
|-----------------|------------------------------|---------------------------------|
| TITLE           | PTD                          | <input type="checkbox"/> DELETE |
| NAME            | TANZER, JOHN, H., PH.D., PE. |                                 |
| STREET ADDRESS  | 25399 VANTAGE LANE           |                                 |
| CITY - ST - ZIP | PUNTA GORDA FL 33983-6128    |                                 |
| TITLE           | VD                           | <input type="checkbox"/> DELETE |
| NAME            | TANZER, HERBERT J., P.E.     |                                 |
| STREET ADDRESS  | 25399 VANTAGE LANE           |                                 |
| CITY - ST - ZIP | PUNTA GORDA FL 33983-6128    |                                 |
| TITLE           | SD                           | <input type="checkbox"/> DELETE |
| NAME            | TANZER, ELFRIEDE G.          |                                 |
| STREET ADDRESS  | 25399 VANTAGE LANE           |                                 |
| CITY - ST - ZIP | PUNTA GORDA FL 33983-6128    |                                 |
| TITLE           |                              | <input type="checkbox"/> DELETE |
| NAME            |                              |                                 |
| STREET ADDRESS  |                              |                                 |
| CITY - ST - ZIP |                              |                                 |
| TITLE           |                              | <input type="checkbox"/> DELETE |
| NAME            |                              |                                 |
| STREET ADDRESS  |                              |                                 |
| CITY - ST - ZIP |                              |                                 |
| TITLE           |                              | <input type="checkbox"/> DELETE |
| NAME            |                              |                                 |
| STREET ADDRESS  |                              |                                 |
| CITY - ST - ZIP |                              |                                 |

13. CORRECTIONS/ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                              |  |
|---------------------|------------------------------|--|
| 1.1 TITLE           | PTD                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            | TANZER, JOHN H., PH.D., P.E. |  |
| 1.3 STREET ADDRESS  | 25399-VANTAGE LANE           |  |
| 1.4 CITY - ST - ZIP | PUNTA GORDA, FL-33983-6128   |  |
| 2.1 TITLE           | VD                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            | TANZER, HERBERT J., P.E.     |  |
| 2.3 STREET ADDRESS  | 25399-VANTAGE LANE           |  |
| 2.4 CITY - ST - ZIP | PUNTA GORDA, FL-33983-6128   |  |
| 3.1 TITLE           |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME            |                              |  |
| 3.3 STREET ADDRESS  |                              |  |
| 3.4 CITY - ST - ZIP |                              |  |
| 4.1 TITLE           |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME            |                              |  |
| 4.3 STREET ADDRESS  |                              |  |
| 4.4 CITY - ST - ZIP |                              |  |
| 5.1 TITLE           |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME            |                              |  |
| 5.3 STREET ADDRESS  |                              |  |
| 5.4 CITY - ST - ZIP |                              |  |
| 6.1 TITLE           |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME            |                              |  |
| 6.3 STREET ADDRESS  |                              |  |
| 6.4 CITY - ST - ZIP |                              |  |

14. I do 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 the laws of the State of Florida. I am an officer or director of the corporation for the purpose of 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 amendment with an address.

SIGNATURE \_\_\_\_\_ DATE 4/28/1999