SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **F79448** **(9)**

1. Corporation Name
TNT ENTERPRISES, INC.

Principal Place of Business
5820 N.E. 27TH AVE
FT.LAUDERDALE FL 33308

Mailing Address
5820 N.E. 27TH AVE
FT.LAUDERDALE FL 33308

3. Date Incorporated or Qualified: **04/26/1982**
3a. Date of Last Report: **11/30/1995**

2. Principal Place of Business
21 2021 Tyler St.
Suite, Apt #, etc
22 2021 Tyler St.
City & State
23 Hollywood, FL.
Zip 24 33022
Country 25 Broward

2a. Mailing Address
26 2021 Tyler St.
Suite, Apt #, etc
27 2021 Tyler St.
City & State
28 Hollywood, FL.
Zip 29 33022
Country 30 Broward

4. FEI Number: **NOT APPLICABLE** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
TOOKE, ROBERT
5820 N.E. 27TH AVE
FT.LAUDERDALE FL 33309

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: Robert Tooke — Robert Tooke — 7/31/96
Signature (type or print name of registered agent and date of appointment) (FOR Registered Agent signature required when re-registering) Date

12. OFFICERS AND DIRECTORS

TITLE	PST	☐ DELETE
NAME	TOOKE, ROBERT	
STREET ADDRESS	3224 W. COMMERCIAL BLVD.	
CITY-ST-ZIP	TAMARAC FL	
TITLE	D	☐ DELETE
NAME	TOOKE, ROBERT	
STREET ADDRESS	3224 W. COMMERICAL BLVD.	
CITY-ST-ZIP	TAMARAC FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PST	☐ Change ☐ Addition
1.2 NAME	TOOKE ROBERT	
1.3 STREET ADDRESS	2021 TYLER ST. c/o GENE GLASSER	
1.4 CITY-ST-ZIP	HOLLYWOOD, FL. 33022	
2.1 TITLE	D.	☐ Change ☐ Addition
2.2 NAME	TOOKE ROBERT	
2.3 STREET ADDRESS	2021 TYLER ST. c/o GENE GLASSER	
2.4 CITY-ST-ZIP	HOLLYWOOD, FL. 33022	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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***225.00

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert Tooke — 7/31/96 — 954-491-0066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone
ROBERT TOOKE