

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **G16606** (7)

1. Corporation Name

**T.N.T. AUTO CORPORATION**



Principal Place of Business

**4411 W HALLANDALE BCH BLVD  
HOLLYWOOD FL 33023**

Mailing Address

**4411 W HALLANDALE BCH BLVD  
HOLLYWOOD FL 33023**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**12/17/1982**

3a. Date of Last Report

**01/17/1995**

4. FEI Number

**59-2247348**

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

10. Name and Address of New Registered Agent

**CHIOFOLO, ANTHONY, SR  
3530 MYSTIC POINT DRIVE  
TOWER 500 APT. 1010  
AVENTURA FL 33180**

*12600 Countryside Terrace  
Cooper City, FL 33330*

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

Signature of Registered Agent (must be signed by the agent)

Signature of Registered Agent (must be signed by the agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ DELETE  
NAME **PVST**  
STREET ADDRESS **CHIOFOLO, ANTHONY S**  
**3530 MYSTIC POINT DRIVE TOWER 500 APT 1010**  
CITY, ST, ZIP **AVENTURA FL**

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS *12600 Countryside Terrace*  
1.4 CITY, ST, ZIP *Cooper City, FL 33330*

2. TITLE ☐ DELETE  
NAME **TORRES, PEDRO**  
STREET ADDRESS **9509 SEA TURTLE DR**  
CITY, ST, ZIP **PLANTATION FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY, ST, ZIP

3. TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY, ST, ZIP

4. TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY, ST, ZIP

5. TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY, ST, ZIP

6. TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY, ST, ZIP

14. I 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 and any 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-96

305 963-7433

CR2E034 (12/95)