## FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Jan 26 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # G18673 (5)7 T'S ENTERPRISES, INC. Principal Place of Business Mailing Address 9905 CLINT MOORE ROAD 9905 CLINT MOORE ROAD BOCA RATON FL 33496-1016 BOCA RATON FL 33496-1016 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/13/1983 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2245115 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 5. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zìp Country 8. This corporation owes or has paid the current year intangible Yes ☐ No 30 Personal Property Tax due June 30. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 LASALLE, THOMAS L. 5353 N FEDERAL HWY Street Address (P.O. Box Number is Not Acceptable) 82 #405 83 FT. LAUDERDALE FL 33308 84 City 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 alguature required when refusialing) Signature, typed or printed name of registered agent and title if applicable DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, OFFICERS AND DIRECTORS DELETE Change 11 DITE TITLE THOMAS, STEPHEN 12 NAME NAME 9905 CLINT MOORE RD STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 1.4 CITY - \$T-ZIP Addition DELETE Change 2.1 TITLE TIME LASALLE, KATHY NAME 2.2 NAME 9905 CLINT MOORE ROAD STREET AODRESS 2.3 STREET ADDRESS BOCA RATON FL 2. 4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE THOMAS, CINDY NAME 3.2 NAME 9905 CLINT MOORE ROAD STREET ADDRESS 3 3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change TITLE ANDERSHOCK, JANE. 4. 2 NAME NAME 9905 CLINT MOORE ROAD STREET ADDRESS 4.3 STREET ADDRESS **BOCA RATON FL** 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE THOMAS, NORMAN 5.2 NAME NAME

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE: \_

STREET ADDRESS

STREET AUDRESS

CITY-ST-ZIP

CMY-ST-ZIP

TITLE

NAME

9905 CLINT MOORE RD

9905 CLINT MOORE RD

**BOCA RATON FL** 

THOMAS, JOHN JR

**BOCA RATON FL** 

SIGNATURE PEQUIRED

DELETE

Change