

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90132 034 \*\*\*150.00

	OCUMENT	#	H34654
1.	Corporation Name		1 10 100 1

THAC ENTERPRISES CORPORATION

TI WO LI	TELL MOES SOM STRAIG					<i>,</i>			
Principal Place of Business Mailing Address							# (# ( # ) # ) # ( # ( # ) # ( # )		
405-B N.W. 7TH AVENUE 405-B N.W. 7TH AVENUE						]			
FT. LAUDERDALE FL 33311 FT. LAUDERDALE FL 33311							DO NOT WRITE IN THI	S SPACE	
							3. Date Incorporated or Qualifed	- OF FIGE	
							12/19/1984		-
9 Delegie al Di	non of Business	2a Mailin	a Address				4. FEI Number	- Ar	plied For
2. Principal Place of Business 2a. Mailing Address						59-2498256	<u> </u>	ot Applicable	
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.			Ant # etc				_	\$8.75	
			7 Ip.: 11, 0.0.				5. Certificate of Status Desired	Fee Re	
22     27			State				6. Election Campaign Financing	\$5.00	May Be
23	_	28					Trust Fund Contribution		to Fees_
Zip	Country	Zip		Countr	у		8. This corporation owes the current year	ntangible	
24	25	29	[	30			Personal Property Tax.	☐ Yes	x□No _
	9. Name and Address of Curren		Agent				10. Name and Address of New Registere	d Agent	
				8	1	Name			
	TIS, NORMAN			8	,	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	N.W. 5TH ST.			"	•	Oll Coll / Idalic	,		
FT. L	AUDERDALE FL 33311			8	3				j (
				8	+	City		. 85 Zip	Code
						•	F	L¦∣	1
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligation Norman Cust	of Florida. Suc ations of, Sectio	h change was au in 607.0505, Flori	tnonzed b da Statute	y in s.	ne corporation	oration submits this statement for the purpose n's board of directors. I hereby accept the app	of changing its	registered egistered
	Signature, typed or printed name of registered age	ent and title if applicat			ent s	signature required	when reinstating) DATE	ND DIDEOTO	NDC IN 45
12	<del></del>	ND DIRECTOR		13.		<del></del> _	ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	PD		☐ DELETE	1.1 TITLE				∟ change	C Acquiron
NAME	ALLEN, HERMAN			1.2 NAME					ļ
STREET ADDRESS	921 N.W. 35TH AVE.			1.3 STRE					i
CITY: ST-ZIP	FT. LAUDERDALE FL		El acter	1.4 CITY		ZIP		☐ Change	Addition
TITLE.	VD		☐ ĐELETE	2.1 TITLE					C] Addition
NAME	TAYLOR, THEODORE D.			2.2 NAME					
STREET ADDRESS	3860 N.W. 6TH PL.			2.3 STRE		!	,		Į
CITY - ST - ZIP	FT. LAUDERDALE FL		I DELETE	2. 4 CITY		ZIP		☐ Change	Addition
TITLE	SD SUFFEREN		☐ DELETÉ	3.1 TITLE				பவளி	
NAME	HOWARD, EVERETT			3 2 NAME					Į
STREET ADDRESS	3221 N.W. 4TH ST.			3.3 STRE					ĺ
CITY-ST-ZIP	FT. LAUDERDALE FL		DELETE	3.4. CITY		ZIP		Change	Addition
TITLE	TD			4 1 TITLE					L.J. 1001110/1
NAME	CUSTIS, NORMAN			4. 2 NAM					Ì
STREET ADDRESS	3180 N.W. 5TH ST.			4.3 STRE					
CITY-ST-ZIP	FT. LAUDERDALE FL		☐ DELETE	5.1 TITLE		ZIP		☐ Change	Addition
TITLE			- orreie	5.1 TITLE 5.2 NAME			•		
NAME				5.3 STRE		ADDRESS			
STREET ADDRESS				5.4 CITY-		1			1
CITY-ST-ZIP		·	DELETE	6.1 TITLE		<u></u>		· Change	Addition
TITLE			C) Decere	6.2 NAME				v.ia.igo	
NANE				6.3 STRE		DOBESS			
STREET ADDRESS									ļ
CITY-ST-ZIP	1	_		6.4 CITY-	5J-2	ZIP			

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, with all other like empowered.

SIGNATURE

Exerett : Howard

February 9,1999 (954)321-3244

Daytime Phone #

R2E034 (11/98)