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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **J29181**

TDT ENTERPRISES, INC.

Principal Place of Business	Mailing Address	
5092 POINTE EMERALD	5092 POINTE EMERALD LN	
BOCA RATON FL 33486	BOCA RATON FL 33486	
US	US	

FILED Apr 02, 1999 8:00 am Secretary of State

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Principal Place	e of Business	Mailing Addr	ress				reriet tillt ment diffit		· · · · · · · · · · · · · · · · · · ·
5092 POINTE E		***	EMERALD LN						
BOCA RATON FL 33486 BOCA RATON FL 33486				DO NOT WRITE IN THIS SPACE					
US		US				Date Incorporated or Qualife			
l						08/18/1986	-		ļ
2. Principal P	lace of Business	2a. Mailing A	Address			4 FEI Number		Anr	olled For
2, 1 (Incipal 1)		26	├ 			59-2715611	۵.		Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					\$8.75 A	
22		27	•			5. Certifcate of Status Desired	×	Fee Rec	
City & State	е	City & St	tate			6. Election Campaign Financing		\$5.00	May Be
23	•	28				Trust Fund Contribution	' U	Added to	
Zip	Country	Zip		Country		8. This corporation owes the cu	rrent year Intan	gible	
24	25	29	30			Personal Property Tax.		Yes	□No_
	9. Name and Address of Curre	nt Registered Age	ent			10. Name and Address of New	Registered Ag	ent	
	UL DODOTIN			81	Name				
	ALL, DOROTHY			82	Street Add	iress (P.O. Box Number is Not Accer	table)		
	POINTE EMERALD LN				500	dress (P.O. Box Number is Not Accept A POINTE Emil	orAld	LAN	<u>e</u>
BOC	A RATON FL 33486			83					
}				84	City			85 Zip C	ode
}					•	poration submits this statement for th	FL		
agent. I a	m familiar with, and accept the obligation	ations of, Section 6	607.0505, Florida _	Statutes		ion's board of directors. I hereby acc	DATE		
12.	OFFICERS A	ND DIRECTORS		13.		ADDITIONS/CHANGES TO O			
TITLE (S	τ] DELETE	1.1 TITLE	}			_] Change	☐ Addition
NAME	HUGILL, THOMAS F., SR.			1.2 NAME	- 1				
STREET ADDRESS	629 SE 19 AVE SUITE 204			1.3 STREET	ADDRESS				-
CITY-ST-ZIP	DEERFIELD BEACH FL 33441			1.4 CITY-5	- ZIP				
πLE	P	Ę	□ DELETE	2.1 TITLE			Ę	Change	Addition
NAME	HUGILL, THOMAS, F., JR.		İ	2.2 NAME	<i>'</i>				
STREET ADDRESS	2244 N REVERE RD			2.9 STREET	ADDRESS =	المنتقل المتعلقين والمناف والمتعلقة	سيه حضورون سيسمنو		-
CITY-ST-ZIP	BATH OH 44333			2. 4 CITY-S	T-ZIP			E COL	
TITLE	T		DELETE	3.1 TITLE		,	D	Change	☐ Addition
NAME	HUGILL, DOROTHY			3.2 NAME	}	roon P . T	Eman	111	1.1
STREET ADDRESS	509 POINTE EMERALD LN			3.3 STREET	ADDRESS	sold folle	たかとどり	11 OV	
CITY-ST-ZIP	BOCA GRANDE FL 33486		1 per ====	3.4. CITY-5	T-ZIP	5092 Pointe BOCA RATON, F	1 550	786_	Addition
TITLE		Ĺ] DELETE	4.1 TITLE			Ļ		T Vaginou
NAME .				4.2 NAME	l				į
STREET ADDRESS				4.3 STREET	ADDRESS				
CITY-ST-ZIP			3 0 = 1 = -	4.4 CITY-S1	-ZIP				Addistan
TITLE	<u> </u>	[] DELETE	5.1 TITLE	1		ŧ	Change	Addition
NAME				5.2 NAME					
STREET ADDRESS				5.3 STREET)				}
CITY-ST-ZIP			1 BELETE	5.4 CITY-S1	-ZIP				Addition
TITLE		Ł] DELETE	6.1 TITLE 6.2 NAME	-		L	Change	☐ Addition
NAME					ADDRESS				ļ
STREET ADDRESS	,			6.3 STREET					į
					- ZID				1

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 suppliemental 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:

GNING OFFICER OR DIRECTOR