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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J34555

(9)

T T ENTERPRISES, INC.

FILED Apr 01 1998 8:00am Secretary of State

, , 5,,	TEN THOLO, INC.					!					
Principal Place of Business Mailing Address							n immitta acas, entri armat átiski arcar 31	ist memit #4M.	E BLOW MINIT DERI	II Bibit IABL	
4101 E CLINT	ON HWY	515 EAST LAS OLAS BLVD				1					
KNOXVILLE F	L 37912	SUITE 900	7.7								
			RDALE FL 33301				DO NOT WRITE IN THIS SPACE				
		US 					Date Incorporated or Qualified 09/23/1986				
· ·	lace of Business	2a. Mailing Address				4.	FEI Number			oplied For	
21		26					62-1300433			ot Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				Certificate of Status Desired		*	Additional	
City & State		City & State				+				equired	
23		 				6.	Election Campaign Financing	\Box		May Be	
Zip	Country	28	Cou	untry		+-	Trust Fund Contribution		Added		
24	25	29	30	J, IL. y		8.	This corporation owes or has pa Personal Property Tax due June			angible No	
27	9. Name and Address of Curren		30	1-		10.	Name and Address of New Re			110	
TA	YLOR, TERRY			81	Name			3			
	S EAST LAS OLAS BLVD.										
SUITE 900 FT LAUDERDALE FL 33301				82	Street Addre	956 (F	P.O. Box Number is Not Acceptat	ole)			
				63							
• • • • • • • • • • • • • • • • • • • •	DAUDENDADE I E 3530 I				_						
				84	City			FL	85 Zip (Code	
11 Purcuant	to the provisions of Sections 607.050	2 and 607 1508 Florida Stat	utoe the e	boye	-named coro	oratio	on submite this statement for the		f changing if	te registered	
office or r	to the provisions of Sections 607.050; egistered agent, or both, in the State	of Florida. Such change was	authorize	d by	the corporation	on's t	board of directors. I hereby acce	pt the app	pointment as	registered	
agent La	m familiar with, and accept the obliga	itions of, Section 607.0505, I	-lorida Sta	tutes	3 .						
SIGNATURE	Signature, typad or printed name of ringstimed age	et and tille il arvite atile. (Ni	TE Pogietore	d Age	int signature require	ad when	2 reinstation)	DATE			
12.	OFFICERS AND		13.		- I - I - I - I - I - I - I - I - I - I		ADDITIONS/CHANGES TO OFFIC		DIRECTOR	3S IN 12	
TITLE	PTD	DELETE	1.1 T	ITLE		·			Change	Addition	
NAME	TAYLOR, TERRY		1.2 N	AME						İ	
STREET ADDRESS	515 EAST LAS OLAS BLVD				ADDRESS						
CITY-ST-ZIP	FT LAUDERDALE FL			T-ZIP]		
TITLE	\$	DELETE	2.1 T						Change	Addition	
NAME	CIENER, CAROL 22		2.2 N	2.2 NAME							
STREET ADDRESS	739 W INT'L SPEEDWAY BLV	D	2.3 STREET ADDRE		ADDRESS						
CITY-ST-ZIP	DAYTONA BCH FL				ST-ZIP						
TITLE		DELETE	317						Change	Addition	
NAME			3.2 N	AME							
STREET ADDRESS			3.3 \$	TREET	ADDRESS					i	
CITY-ST-ZIP					ST-ZIP					[
TITLE		DELETE	4.1 T				, , , , , , , , , , , , , , , , , , , 		Change	Addition	
NAME			4.21	AME						Ì	
STREET ADDRESS			4.3 S	TREET	ADDRESS						
CITY-ST-ZIP			4.4 C	ITY-S	T- ZIP						
TITLE		☐ DELETE	5.1 T						Change	☐ Addition	
NAME			5.2 N	AME							
STREET ADDRESS			5.3 S	TREET	ADDRESS]	
CITY-ST-ZIP			- 1	ITY-S	ŀ					•	
TITLE		DELETE	6.1 T				*		☐ Change	Addition	
NAME			6.2 N	AME						!	
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP				ITY-S)	
	ertify that the information supplied wi	th this filing does not qualify				Section	on 119.07(3)(i), Florida Statutes. I	further co	ertify that the	information	

Information stratules. Further certify that the mining does not quality for the exemption stated in section 119.07(3)(f), Florida Statutes. Further certify that the mininformation 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 eath; 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:

TERRY TAYLOR

3/10/98

954-527-4420