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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # K16816

1. Corporation Name

T-N-T AUTO ENTERPRISES, INC.

•	·						a iii aia ii a ii		
Principal Place of	of Business	Mailing Address				- t 10010111 061 11010 01101 10101 11610	APIN APANTA ANI		Effit pipit 1001
% MICHAEL SUNS	•	% MICHAEL SUNSHINE							
5044 N.W. 81ST A		5044 N.W. 81ST AVE	14 N.W. 81ST AVE			20 1107 1107			
CORAL SPRINGS FL 33067 CORAL SPRINGS FL 33067						DO NOT WRITE	IN THIS	SPACE	
						3. Date Incorporated or Qualifed			
a Driverinal Blac	on of Presimons	2a. Mailing Address	-			03/03/1988 4. FEI Number			pplied For
2. Principal Plac	ce of Business					65-0043277	_		ot Applicable
21 Suite, Apt. #,	ato	Suite, Apt. #, etc.							Additional
22	etc.	27				5. Certifcate of Status Desired			Required
City & State		City & State				6. Election Campaign Financing	_	\$5.00	May Be
23		28				Trust Fund Contribution		,	to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation owes the curren	t year Inta	ngible	
24	25	29	30			Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Re	gistered A	gent	
				81	Name				
	HINE, MICHAEL		ŀ	82	Street Addre	ss (P.O. Box Number is Not Acceptabl	e)		
	N.W. 81ST AVE			-	011001710010		-,		
CORAL	L SPRINGS FL 33067		İ	83					
			-	84	City	· · · · · · · ·		85 Zip	Code
				04	City		FL	103 2.15	0000
office or rea	the provisions of Sections 607.0502 pistered agent, or both; in the State of familiar with, and accept the obligation	st Florida. Such change was au	thorized	by tr	named corpo he corporation	ration submits this statement for the pun's board of directors. I hereby accept to	the appoin	tment as r	egistered
SIGNATURE									
SIGNATURE SI	gnature, typed or printed name of registered agent			Agent :	signature required		DATE		
12.	OFFICERS AND	DIRECTORS	13.		signature required	when reinstating) ADDITIONS/CHANGES TO OFFI			
12.	OFFICERS AND		13. 1.1 ΠΙ	LE	signature required			DIRECT Change	
12. TITLE NAME	OFFICERS AND D SUNSHINE, MICHAEL	DIRECTORS	13. 1.1 TIT 1.2 NA	LE ME					
12. TITLE NAME STREET ADDRESS	OFFICERS AND D SUNSHINE, MICHAEL 5044 NW-81 AVE.	DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 ST	LE ME REET A	ADDRESS				
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS ANI D SUNSHINE, MICHAEL 5044 NW.81 AVE. CORAL SPRINGS FL	D DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT	LE ME REET A Y-ST-	ADDRESS			Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND D SUNSHINE, MICHAEL 5044 NW-81 AVE. CORAL SPRINGS FL ST	DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CII 2.1 TIT	LE MÉ REET A Y-ST-	ADDRESS				Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	OFFICERS AND D SUNSHINE, MICHAEL 5044 NW-81 AVE. CORAL SPRINGS FL ST SUNSHINE, NANCY	D DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA	LE ME REET A Y-ST- LE ME	ADDRESS ZIP			Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	OFFICERS AND D SUNSHINE, MICHAEL 5044 NW-81 AVE. CORAL SPRINGS FL ST SUNSHINE, NANCY 5044 NW-81 AVE.	D DIRECTORS	13. 1.1 TII 1.2 NA 1.3 STI 1.4 CII 2.1 TII 2.2 NA 2.3 STI	LE MÉ REET A Y-ST- LE ME REET A	ADDRESSZIP			Change	Addition
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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 any attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP