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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATÉ

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K35072

NAME

STREET ADDRESS

CITY-ST-ZIP

 Corporation 	n Name				
TIN, INC.					
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District Disease	of Business	Mailing Address			it diati alan gian garan 1991
Principal Place					
140 S. HWY 17-92 LONGWOOD FL 32750 LONGWOOD FL 32750					•
LONGWOOD FL 32750 LONGWOOD FL 32750				DO NOT WRITE IN TH	IIS SPACE ,
				3. Date Incorporated or Qualifed	
				09/29/1988	
2 Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
·····	ace of Business	26		59-2906304	Not Applicable
Suite, Apt.	# ata	Suite, Apt. #, etc.			\$8.75 Additional
—	w, etc.	27		5. Certifcate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
一 ´	5	— ·		Trust Fund Contribution	Added to Fees
23 Zip	Country		Country	8. This corporation owes the current year	
	25	_ 	30	Personal Property Tax.	⊠Yes □No
24	9. Name and Address of Curre		50]	10. Name and Address of New Registere	
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Hallie and Fladious of from Hagiston	
NGH.	yen, nga van			,	
140 SO HWY 1792		82 Street Add	ress (P.O. Box Number is Not Acceptable)		
LONGWOOD FL 32750		83	A STATE OF THE STA	# 1	
LOIN	GWOOD 12 02/00		03		1. 经国际证据
			84 City	रहा कि कि अमार के कि जिल्हा है। 	85 Zip Code
_				<u> </u>	L
11. Pursuant	to the provisions of Sections 607.05	02 and 607 1508. Florida Statutes	e the shove-named corr	noration submits this statement for the nurnose	of changing its registered
		of Florida, Such change was auf	thorized by the cornorati	on's board of directors. I hereby accept the ani	nointment as registered
office or re	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was auf	thorized by the corborati	on's board of directors. I hereby accept the app	pointment as registered
office or re agent. I a	egistered agent or both in the State	of Florida. Such change was auf	thorized by the corborati	on's board of directors. Thereby accept the app	pointment as registered
office or reagent. I as	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: F	thorized by the corporation of t	on's board or directors. Thereby accept the applied when reinstating).	pullation as registered
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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 an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

FILED

Feb 12, 1999 8:00am

Secretary of State

02-12-1999 90008 007 ***150.00

Daytime Phone #