FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L89047

(9)

TNT BEACHWEAR, INC.

Principal Place of Business
408 DUVAL STREET

Mailing Address

l

408 DUVAL STREET KEY WEST FL 33040-655

FILED May 07 1997 8:00am Secretary of State



KET WEST PL	33040	KET WEST FL 33040-65	5 1						
						3. Date Incorporated or Qualified 07/17/1990	T .	to of Las 17/1996	•
— `	lace of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				65-0209254 Not Applicab			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional
City & State	6	City & State	····			+			Required
23	·	28				6. Election Campaign Financing Trust Fund Contribution			IO May Be ed to Fees
Zip	Country	7ip	Co:	untry		8. This corporation has liability for i			
24	25	29	30	,				iax unde] No	r s. 199.032,
	9. Name and Address of Curr		1551	ĭ		10. Name and Address of New Re			
BITC	ON, YORAM			81	Name				
	DUVAL ST			82	Street Addre	ess (P.O. Box Number is Not Acceptab	lol		
	WEST FL 33040	•		02	Silect Addit	ess (F.O. pox realines is real Acceptab	icj		
				83					
				84	City]0E]	in Code
				54	City		FL	85 Zi	ip Code
agent. Fa SIGNATURE	m tamiliar with, and accept the obl	igations of, Section 607.0505,	Florida Sta	lutes	S.	ion's board of directors. I hereby accep		JITHUHEN!	as registored
	Signature, typed or printed name of registered a			d Aga	at signature require	ed when reastating)	DATE		
12.	OF ICERS A	ND DIRECTORS	13. 1.1 T			ADDITIONS/CHANGES TO OFFIC	ERS AND	Chang	
NAME	BITON, YORAM		1.1 II 1.2 N		10	NION, YOKAYY	,	- Nilaily	e [] Muolion
STREET ADORESS	1211 GRINNELL ST				ADDRESS 4	NTON, YORAW OB DUYAUST SM WEST FLO			
CITY-ST-ZIP	DKEY WEST FL				a-7IP	EM WEST GA	330	40	
TITLE	SHET THEOTIC	DELETE	2.1 T		1.711			Chang	e 🔲 Addition
NAME			2.2 N						
STREET ADORESS					ADDRESS				
CITY-ST-ZIP					31 - 7(P				
TITLE		DELETE	317					Chang	e Addition
NAME			32 N	AME					
STREET ADDRESS			3.3 S	THEFT	ADDRESS				
CITY-ST-ZIP			34.0	IIY-S	ST - ZIP				
TITLE		DELETE	4.1 T	TLE	,			☐ Chang	e 🔲 Addition
NAME			4 2 1	IAME					•
STREET ADDRESS			4 3 5	TREET	ADDRESS				
CITY-ST-ZIP					I - ZiP				
TITLE		☐ DELETE	511					L. Chang	e [_] Addition
NAME			52 N						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		, Decree			T-ZIP				
TITLE		☐ DELETE	611					Chang	e [_] Addition
NAME			62 N						
STREET ADDRESS			1		ADDRESS				
CITY-ST-ZIP			6.4 C	TY-S	1 - ZIP				

I do 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 changes, there an attachment with an address.

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305 296 4612