

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

FILED  
May 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P92000012791 (9)**

1. Corporation Name

**TNA, INC.**

Principal Place of Business

**2665 SOUTH BAYSHORE DR.  
SUITE 800  
MIAMI FL 33133**

Mailing Address

**2665 SOUTH BAYSHORE DR.  
SUITE 800  
MIAMI FL 33133**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/18/1992**

4. FEI Number

**65-0375597**

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

8. This corporation owes or has paid the current year tangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**KLEIN, PETER W  
2665 S BAYSHORE DR  
SUITE 800  
MIAMI FL 33133-5401**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

84. City

**FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	POWELL, EARL W.	
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE, SUITE 800	
CITY - ST - ZIP	MIAMI FL 33133	

TITLE	DC	<input type="checkbox"/> DELETE
NAME	GEORGE, PHILLIP T. MD	
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE, SUITE 800	
CITY - ST - ZIP	MIAMI FL 33133	

TITLE	VS	<input type="checkbox"/> DELETE
NAME	KLEIN, PETER W.	
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE, SUITE 800	
CITY - ST - ZIP	MIAMI FL 33133	

TITLE	T	<input type="checkbox"/> DELETE
NAME	ANDERSON, BRYSON J	
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE, SUITE 800	
CITY - ST - ZIP	MIAMI FL 33133	

TITLE	VAS	<input checked="" type="checkbox"/> DELETE
NAME	BROCKWAY, PETER C	
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE, SUITE 800	
CITY - ST - ZIP	MIAMI FL 33133	

TITLE	VAS	<input type="checkbox"/> DELETE
NAME	TEMPLETON, TROY D.	
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE, SUITE 800	
CITY - ST - ZIP	MIAMI FL 33133	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/CEO/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Earl W. Powell	
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		

2.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Marilyn D. Kuffner	
2.3 STREET ADDRESS	2665 S. Bayshore Drive, 8th Fl	
2.4 CITY - ST - ZIP	Miami, FL	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		

4.1 TITLE	VP/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Bryson J. Anderson	
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

6.1 TITLE	Sr. VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Troy D. Templeton	
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 addendum with an address.

SIGNATURE:

, Marilyn D. Kuffner, Asst. Sec.

305-858-2200

CR2E034 (10/97)