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

**PROFIT** CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P93000078813 (1)

THT TRADITION, INC.

Principal Place of Business	Mailing Address
97 N.E. 26TH ST.	37 N.E. 26TH ST.

**FILED** May 06 1998 8:00am Secretary of State



AIAMI FL 33137 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/08/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0453490 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired  $\Box$ Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Country Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. ☐ Yes 25 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SCREMIN. ANTHONY J 37 N.E. 26TH ST. 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33137** 83 84 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 registrated agent and billo if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change TITLE 1.1 TITLE SCREMIN, ANTHONY J NAME 1.2 NAME 37 N.E. 26TH ST. STREET ADDRESS 1.3 STREET ADDRESS **MIAM! FL 33137** CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE 21 TITLE Change Addition TITLE ERICKSON, TOMIK 2.2 NAME NAME 37 N.E. 26TH ST. STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33137** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change ☐ Addition TITLE 41 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **63 STREET ADDRESS** 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 as command with an address

SIGNATURE:

CR2E034 (10/97