

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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000020649 (7)

1. Corporation Name
T.N.T. X II, INC.



Principal Place of Business

Mailing Address

1217 SE 22ND AVE
CAPE CORAL FL 33990

1217 SE 22ND AVE
CAPE CORAL FL 33990

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	433 S.W. 9 STREET	26	433 S.W. 9 STREET
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	CAPE CORAL, FLORIDA	27	CAPE CORAL, FLORIDA
City & State		City & State	
23	33991	28	33991
Zip		Zip	
24		29	
Country		Country	

3. Date Incorporated or Qualified	
03/11/1994	
4. FEI Number	Applied For
65-0472185	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARY, DAVID W
1325-C DEL PRADO BLVD
CAPE CORAL FL 33990

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIPTON-BEATY, DAWN M.	1.2 NAME	
STREET ADDRESS	1217 SE 22ND AVE	1.3 STREET ADDRESS	433 S.W. 9 STREET
CITY-ST-ZIP	CAPE CORAL FL	1.4 CITY-ST-ZIP	CAPE CORAL, FL. 33991
TITLE	V	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEATTY, MATTHEW D	2.2 NAME	
STREET ADDRESS	1217 SE 22 AVENUE	2.3 STREET ADDRESS	433 S.W. 9 STREET
CITY-ST-ZIP	CAPE CORAL FL	2.4 CITY-ST-ZIP	CAPE CORAL, FL. 33991
TITLE	AVP	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIEN, PATRICK C	3.2 NAME	
STREET ADDRESS	4817 SE 22 AVENUE	3.3 STREET ADDRESS	433 S.W. 9 STREET
CITY-ST-ZIP	CAPE CORAL FL	3.4 CITY-ST-ZIP	CAPE CORAL, FL. 33991
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 attachment with an address.

CP2E034 (10/97)