## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

P94000027102 (0)

Corporation Name

**DOCUMENT #** 

THL ENTERPRISES, INC.

| Principal Place of Business    TAMPA FL 33004   Tall Place of Business   Tall Place of Business   2e, Malling Address   2e   Malling Address   3e   3e   Malling Address   3e   3e   Malling Address   3e   Ma |                                  |                                     |   |                 |                  |  | <u> </u>                                  |
|--|----------------------------------|-------------------------------------|---|-----------------|------------------|--|---|
| TAMPA FL 38604  TAMPA FL 38604  TAMPA FL 38604  3. Date incorporated or Qualified  | Principal Place c                | of Business                         | Mailing Address                               |                 |                  |  |   |
| Principal Place of Business   2a Mailing Address   3. File Number   3. Applicable   3. Applicable   5. Appli   | 7,510 17 10 0.                   |                                     |   |                 |                  |  |   |
| Supplementable of Debries   Supplementary      |                                  |                                     |   |                 |                  | 04/06/1994                             | 03/30/1995                                |
| Surie, Apt. #, etc.    |                                  | ce of Business                      |   |                 |                  |  | -   -   -   -   -   -                     |
| City & State   City & State   City & State   City & State   Section Campaign Financing   Section May 8   |                                  | , etc.                              |   | <del></del>     |                  |  | \$8.75 Additional                         |
| 28   |                                  |                                     |   |                 |                  |  | - Fee Required                            |
| Zp   |                                  |                                     | <u> </u>                                      |                 |                  | Trust Fund Contribution                | Added to Fees                             |
| 9. Name and Address of Current Registered Agent  9. Name and Address of Current Registered Agent  FERNANDEZ-LOPEZ, SANDRA 7213 N 40 ST TAMPA FL 33604  82 Street Address (P.O. Box Number is Not Acceptable)  83   |                                  | ├ <del>-</del> ¬ '                  | <b>├─</b> ─ '                                 | <u></u>         |                  |  |   |
| FERNANDEZ-LOPEZ, SANDRA 7213 N 40 ST TAMPA FL 33604  83 City FL 85 Copyright and period period pairs of eigsteins agant and the flapscates NAME SIRET ADDRESS CITY-ST-ZP TAMPA FL 33604  85 CITY-ST-ZP TAMPA FL 33604  86 City FL 85 Ci | 24                               |                                     |   | [30]            |                  |  |   |
| T213 N 40 ST TAMPA FL 33604  83  11. Pursuant to the provisions of Sections 607,0502 and 807,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorzed by the opporation's board of directors. I heritary accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  Signature, byted or presed range of ingrisers isonal and the flack-decate spent and the flack-decate spent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.  Signature, byted or presed range of ingrisers isonal and the flack-decate spent an |                                  | 9. Name and Address of Cur          | LIGHT MAGISTORO WAGHT                         | 81 N            | lame             | 10. 110.                               |   |
| TAMPA FL 33604  11. Pursuant to the provisions of Sections 607,0502 and 807,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the epigelared of sent of the purpose of foundations of the provision of Section 607,0502, Individual accept the collegations of, Section 607,0505, Individual accept the collegation of, Section 607,0505, Individual accept the collegations of, Section 607,0505, Individual accept the collegation of, Section 60 | FERNANC                          | NEZ-LOPEZ, SANDRA                   |   | 82 6            | Stroot Address   | es (P.O. Box Number is Not Accept      | able)                                     |
| TAMPA FL 33804   |                                  |                                     |   |                 | otteet Addres    | 33 7 131 23                            |   |
| 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 affernition with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, hyped or privated name of registered agont and this if applicable in the floridation of  | TAMPA F                          | L 33604                             |   | 83              |                  |  |   |
| 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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the elegistories of Sections 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or preded name or registered agent and the if applicable   Port    |                                  |                                     |   | 84 (            | City             |  | FL 85 Zip Code                            |
| or registered agent, or both, in the State of Florida. State of Florida Statutes.  Signature  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N.1.2  TITLE PD   | <u> </u>                         |                                     | SECO and CO7 1509 Florida Statute             | o the above-par | ned cornora      | tion submits this statement for the r  | surpose of changing its registered office |
| SIGNATURE   Signature, typed or printed name of registered spent and the f appricable   NOTE Registered Agont signature req.####################################   | l or rogistors                   | ad accept or both in the State of h | Honda, Such change was aumonz                 |                 | ition's board    | d of directors. I hereby accept the ap | ppointment as registered agent. I am      |
| 12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ITHE  NAME  LOPEZ, THOMAS H  STREET ADDRESS  CITY-ST-ZIP  TAMPA FL 33604  1.3 STREET ADDRESS  CITY-ST-ZIP  TAMPA FL 33604  1.4 CITY-ST-ZIP  TILLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TAMPA FL 33604  1.5 TILLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TAMPA FL 33604  1.6 CITY-ST-ZIP  TAMPA FL 33604  1.7 STREET ADDRESS  CITY-ST-ZIP  TAMPA FL 33604  1.7 STREET ADDRESS  CITY-ST-ZIP  TILLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TILLE  DELETE  STITLE  DELETE  STITLE  DELETE  STITLE  Change Addition Addit |                                  | it, and accopt the congentions of   | 500.00.000.0000.0000.0000.0000.0000.0000.0000 |                 |                  |  |   |
| TITLE  | SIGNATURE _                      |                                     | agoni and many many                           |                 | gnature required |  |   |
| NAME   | 12.                              |                                     |   |                 |                  | ADDITIONS/CHANGES TO O                 | FRICERS AND DIRECTORS IN 12               |
| STREET ADDRESS   TAMPA FL 33604  | TITLE                            | . —                                 | ☐ DELETE                                      | •               |                  |  | Change Addition                           |
| TAMPA FL 33604   | NAME                             |                                     |   |                 |                  |  |   |
| TITLE  | STREET ADDRESS                   |                                     |   |                 | 1                |  |   |
| TITLE  | CITY-ST-ZIP                      |                                     |   |                 | 7IP              |  | Change C Addition                         |
| STREET ADDRESS   TAMPA FL 33604   23 STREET ADDRESS   24 CITY - ST - ZIP   | TITLE                            |                                     | <del>-</del>                                  |                 |                  |  | Li Change Li Addition                     |
| CITY-S1-ZIP  | NAME                             |                                     | DRA   |                 |                  |  |   |
| DELETE   3 1 TITLE   Change   Addition   | STREET ADDRESS                   |                                     |   | 2 3 STREET AD   | DRESS            |  |   |
| THE  | CITY-ST-ZIP                      | TAMPA FL 33604                      |   |                 | ZIP              |  | Change                                    |
| STREET ADDRESS   | TILLE                            |                                     | DELETE  | •               |                  |  | Cuarde                                    |
| STREET ADDRESS   STREET ADDRESS   CTY-ST-ZIP   Change   Addition   | NAME                             |                                     |   |                 |                  |  |   |
| DELETE   | STREET ADDRESS                   |                                     |   | 3.3. STREET A   | DORESS           |  |   |
| TITLE         DELETE         4.1 TITLE         Change         Addition           NAME         42 NAME         4.3 STREET ADDRESS         CITY - ST - ZIP         4.4 CITY - ST - ZIP         CTANGE         Addition           TITLE         DELETE         5 1 TITLE         Change         Addition           NAME         52 NAME         52 NAME         Addition  | CITY-ST-ZIP                      |                                     |   | 3.4 C(TY-ST-    | ŽIP              |  | F3 05-2-2- F3 4-25-2-                     |
| STREET ADDRESS   4.3 STREET ADDRESS     C:TY - ST - ZIP  |                                  |                                     | ☐ DELETE                                      | 4.1 TITLE       |                  |  | L Linange L Addition                      |
| CiTY-ST-ZIP  | NAME                             |                                     |   | 4.2 NAME        |                  |  |   |
| CrTY+ST-ZIP         44 CITY+ST-ZIP           TRLE         DELETE         5 1 TiTLE           NAME         52 NAME  | STREET ADDRESS                   |                                     |   | 4.3 STREET AL   | ODRESS           |  |   |
| TITLE DELETE 5 1 TITLE CHANGE Administration of the control of the |                                  |                                     |   | 4.4 CITY - ST-  | ZIP              |  |   |
| NAME 52 NAME   |                                  |                                     | ☐ DELETE                                      | 5 1 TITLE       |                  |  | Change                                    |
| I I  |                                  |                                     |   | 5 2 NAME        | l                |  |   |
| ctocet address 53 STREET ADDRESS   |                                  |                                     |   |                 | ı                |  |   |
| 3 Inct AUDICS 120  | CIDEET ADDRESS                   |                                     |   |                 | DDRESS           |  |   |
| Change Addition  | STREET ADDRESS                   |                                     |   | 53 STREET AL    |                  |  |   |
| 62 NAME  | STREET ADDRESS CITY-ST-ZIP TITLE |                                     | ☐ DELETE                                      | 53 STREET AL    |                  |  | ☐ Change ☐ Addition                       |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 certify 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

NAME

STREET ADDRESS

4/23/96

D TORTHARD DIE LOUIS BURK BODIS ARBIS BORN ORDS BERK DEN ARBIS HER STEN BODIS BORN ARBIS

813 980-0971

Daytime Phone #