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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

	EPORT		Secretary		•	Inhali/
199		WE TE		ORPORATIONS	97 MAY -	! PM 2:49
DOCUMENT # P94000057572				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
1. Corporation Name						
TN CARDZ, Inc						
					1	
Principal Prace of Bus	innec	Mailing Add	Iraee	<u></u>	 	
1007 N.	Federal H	4011 Just	ë 14.	3		
CI	Daniel III					
rt can	derdale	JFC 3.	3304	-1922	3. Date Incorporated or Qualified	3a. Date of Last Report
	,				8/4/94	4/18/96
2. Principal Place of E	Business	2a. Mailing	Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		26 Suite, A	nt # otc		65-05/0979	Not Applicable
22		27	or. w. erc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	······································	City & S	tate	•	6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zio	Country	Zip		Country	8. This corporation has liability for	
24 9. N	ame and Address of Ci	urrent Registered Age		30	Florida Statutes 10. Name and Address of New Re	Yes No
		·		81 Name	1	
rine,	steven		100	82 Street Add	dress (P.O. Box Number is Not Acceptate	vie)
49 01	NW /75	Nay, SWY	e 400		1	
-11	1 D 1	F/ 223	09	83		İ
r+ ca	Steven NW 17# uderdale,	MC 377		84 City		FL 85 Zip Code
11. Pursuant to the nr	ovisions of Sections 607	7.0502 and 607.1508.	orida Statute	s, the above-named cor	rporation submits this statement for the o	urnose of changing its registered
11. Pursuant to the pr office or registere	d agent, or both, in the :	State of Florida, Such (Florida Statute	uthorized by the corpora	rporation submits this statement for the pation's board of directors. I hereby accept	urnose of changing its registered
11. Pursuant to the pr office or registere agent. I am familia	rovisions of Sections 607 d agent, or both, in the l ar with, and accept the o	State of Florida, Such (Florida Statute	uthorized by the corpora	rporation submits this statement for the pation's board of directors. I hereby access	urnose of changing its registered
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i. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(3), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

e, Presilet Director 1/36/

(954) 777-0112