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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000079755 (2)

TNT CREDIT CORP.

Principal Plac 578 HAWKSBIL SATELLITE BEA	L ISLAND DRIVE	Mailing Address 576 HAWKSBILL ISLAND DRIVE SATELLITE BEACH FL 32937-3807							
						3. Date Incorporated or Qualified 10/28/1994		te of Last Re 4/1996	eport
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		Ap	oplied For	
21		26			59-3300700 Not Applicable				
Suite, Apt.	#, GtC.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A		
City & Stat	e	City & State			6. Election Campaign Financing		\$5.00		
23		28				Trust Fund Contribution		Added t	
Zip	Country	Zip	Cou	ıntry	,	8. This corporation has liability for i	ntangible 1	lax under s.	199.032,
24	25	[29]	30				Yes [.	
	9. Name and Address of Current	Registered Agent	· · · · · · · · · · · · · · · · · · ·	81	Name	10. Name and Address of New Re	gistered A	gent	
	BENBLAST, TED			01	Ivanie				
	HAWKSBILL ISLAND DRIVE ELLITE BEACH FL 32937			82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)		
OAII	ELLIE DEMON PL 32837			83					
	•			L.			-		
				84	City		FL	85 Zip 0	Code
11. Pursuant office or i agent. I a	to the provisions of Sections 607.0507 registered agont, or both, in the State of marrillar with, and accept the obligation of the province of the obligations are sections.	and 607.1508, Florida Stat of Horida. Such change wa tions of, Section 607.0505,	tutes, the a s authorize Florida Sta	bove d by lute:	e-named corporations.	oration submits this statement for the p on's board of directors. I hereby accep	urpose of at the appo	changing it: sa tnemtnik	s registered registered
	Signature, typeo or printed name of registered agen			d Age	nt signature require		DATE		
12.	OFFICERS AND	DELETE DELETE	13.			ADDITIONS/CHANGES TO OFFIC			RS IN 12 Addition
TITLE NAME	WAGENBLAST, TED	☐ DEFERE	1.1 T					Change	Addition
STREET ADDRESS	576 HAWKSBILL ISLAND DRIVE		1.2 N		ADDRESS				İ
CITY-ST-ZIP	SATELLITE BEACH FL 32937				1-21P				
TITLE	VSTD	DLIETE	2.1 11		51-20			Change	Addition
NAME	TENENBAUM, JUDD		2.2 N	AME	1				
STREET ADDRESS	578 HAWKSBILL ISLAND DRIVE		2.3 S	REET	ADDRESS				
CITY-ST-ZIP	SATELLITE BEACH FL 32937				ST-ZIP				
TITLE		☐ DELE1E	311)					Change	Addition
NAME CTOSET ADDRESS			3.2 N		***************************************				
STREET ADDRESS CITY-ST-ZIP					ADDRESS ST-ZIP				
TITLE		DELETE	3.4. U 4.1 Ti		51-2IF			Change	Addition
NAME		-	4.2 N						_
STREET ADDRESS			4.3 S	TREE 1	ADDRESS				
CHTY-ST-ZIP			4.4 CI	ITY-S	SI - ZIP	·			
TITLE		☐ DELETE	5.1 TI	TLE				Change	ddition
NAME			5.2 N	AME				K	JY 2 !!
STREET ADDRESS					ADDRESS			'	'α/'
CITY-ST-ZIP		DELETE	54 Cl 61 1i		ST - ZIP			Change	Addition
TITLE	i .		■ 0 1 []	uLt	ı	ومنتاج والمناب والمناج والمناج والمناج والمناج والمناج والمناج		~ L udilyo	☐ VOOIIIOII

14. I do hereby certify that the information supplied with this filling 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 eath; 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 attachmant with an address.

6.2 NAME

SIGNATURE:

NAME

STREET ADDRESS

AND THE PARTY OF T

Poladen

-09/03/97--01036-

***550.00

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FILED

Sep 03 1997 8:00am

Secretary of State