

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P95000000304 (2)

1. Corporation Name

T D T HOLDING CORP.



Principal Place of Business

% DOUGLAS D STRATTON ESO
407 LINCOLN RD SUITE 2B
MIAMI BEACH FL 33139

Mailing Address

% DOUGLAS D STRATTON ESO
407 LINCOLN RD SUITE 2B
MIAMI BEACH FL 33139

3. Date Incorporated or Qualified

01/03/1995

3a. Date of Last Report

2. Principal Place of Business

21 3455 Royal Palm Ave

Suite, Apt. #, etc.

22

City & State

23 Miami Beach, Florida

Zip

24 33140

Country

25 Ade

2a. Mailing Address

26 3455 Royal Palm Ave

Suite, Apt. #, etc.

27 Miami Beach, Florida

City & State

28

Zip

29 33140

Country

30 Ade

4. FF# Number

65-054-5849

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STRATTON, DOUGLAS D ESO
407 LINCOLN RD SUITE 2B
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME D
STREET ADDRESS HOFFMAN, TODD
CITY-ST-ZIP 407 LINCOLN RD SUITE 2B
MIAMI BEACH FL 33139

TITLE ☐ DELETE
NAME D
STREET ADDRESS SNYDER, TODD
CITY-ST-ZIP 407 LINCOLN RD SUITE 2B
MIAMI BEACH FL 33139

TITLE ☐ DELETE
NAME D
STREET ADDRESS SAVIN, DAVID
CITY-ST-ZIP 407 LINCOLN RD SUITE 2B
MIAMI BEACH FL 33139

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME TODD W. HOFFMAN
1.3 STREET ADDRESS 2209 NO. BAY RD.
1.4 CITY-ST-ZIP MIAMI BEACH
FLA. 33140

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME President
2.3 STREET ADDRESS Snyder Todd
2.4 CITY-ST-ZIP 3455 Royal Palm Ave.
Miami Beach, FL 33140

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME DAVID SAVIN
3.3 STREET ADDRESS 65 SUNSET FARM RD
3.4 CITY-ST-ZIP W. HARTFORD, CONN 06107

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME 70000185440
5.3 STREET ADDRESS -06/06/96--01100--049
5.4 CITY-ST-ZIP ***200.00

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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

Date

Daytime Phone #

CR2E034 (12/95)

4-15-96 (205)
672-2069