## 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 # P9500001303 (3)

THUNDER LTD., INC.

Mailinn Address

## FILED Aug 04 1997 8:00am Secretary of State



Principal Place of Business 479 MEADOWLARK DRIVE BIRD KEY SARASOTA FL 34236		C/O PRAGEF 675 THIRD A	Mailing Address C/O PRAGER AND FONTON 675 THIRD AVE 9TH FLOOR NEW YORK NY 10017-5704 US			3. Date Incorporated or Qualified 3a. Date of Last Report 01/05/1995 08/12/1996				
2. Principal F	Place of Business	2a. Mailing	Address	<del>.</del>			4. FEI Number	V0/	·	antiad Fac
21	,acc of phonioso	26 C/O PI	26 C/O PRAGER AND FENTON				65-0551759	Applied For Not Applicable		
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.					Nor		Additional
22		27	27				5. Certificate of Status Desired	X		lequired
City & Stat	te	City & S	Cily & Slale				6. Election Campaign Financing	·	\$5.00	May Be
23		28					Trust Fund Contribution			to Fees
Zip	Country	Zip			untry		8. This corporation has liability for			s. 199.032,
24	25	[29]		30	,			Yes [		
IOU	9, Name and Address of Curr INSON, BRIAN	ent Hegistered Ag	ent		81	Name	10. Name and Address of New Re	gistered A	gent	
	MEADOWLARK DRIVE				61	rvame				
	) KEY				82	Street Add	dress (P.O. Box Number is Not Acceptab	ile)		<del></del>
	ASOTA FL 34236				83					
- Orth	MOVIN I E UTEUU				53					
					84	City		FL	<b>85</b> Zip	Code
SIGNATURE	Signature, typnd or printegy ime of registered a	agent and tille if applicable		. Registere			poration submits this statement for the pation's board of directors. I hereby acception when reinstating)	7/24/	96	
12.	I D V OFFICERS A	ND DIRECTORS	1 process	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	JOHNSON, BRIAN	, L	_] DELETE	1.1 11					☐ Change	Addition
NAME OTOGET ADDRESS	479 MEADOWLARK DRIVE			1.2 N		, beasa				
STREET ADDRESS	SARASOTA FL 34236					ADDRESS				
CITY-ST-ZIP TITLE			DELETE	2.1 TI	ITY-S	I - ZIP		· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME		-	_ DECENE	2.2 N					Onange	L.J Addition
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CITY-ST-ZIP		•				T-ZIP			·	
TITLE			DELETE	311		11-21			Change	Addition
NAME	[			3.2 N					_	_
STREET ADDRESS				3 3 ST	TREET	ADDRESS				
CITY-ST-ZIP				3 <b>4</b> . C	aTY-S	iT-ZiP				
TITLE			DELETE	4.1 TI	TLE	<del></del>			Change	Addition
NAME				4. 2 N	IAME					
STREET ADDRESS				4.3 \$1	IREET.	ADDRESS				
CITY-ST-ZIP				4.4 CI	TY-\$1	r-ZIP				
TITLE			DELETE	5.1 TI	TLE				Change	Addition
NAME				5.2 N/	AME					
STREET ADDRESS				5.3 \$1	REET	ADDRESS				
CITY-ST-ZIP				5.4 CI	TY - \$1	T- 21P				
TITLE			DELETE	6.1 TI		<u> </u>			Change	Addition
NAME				6.2 N	AME	ľ				
STREET ADDRESS				6.3 ST	REET.	ADDRESS				
CITY-ST-ZIP				6.4 CI	TY-SI	( - Z)P				

14. I do 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 of floor 13 if phanged, or on an attachment with an address.

MANORUMENTO LE CHETTERE EN