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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 02 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P95000013875 (6)

TU, INC.

Principal Place of Business Mailing Address			I IRDIYODI KID IBIDI BIKIL BUKIL BUKIL DUKIDI IID	186 - H184 18111 1886 1 8111 1891
56 COUNTRY CLUB RD.	56 COUNTRY CLUB RE			
COCOA BEACH FL 32931	COCOA BEACH FL 32	931	DO NOT WRITE IN THIS S	RPACE
			3. Date incorporated or Qualified	
			02/16/1995	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-0578018	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	City & State			Fee Required
23	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	7ip	Country	This corporation owes or has paid the current of the current	
24 25	29	30		Yes No
9. Name and Address of Curren	it Registered Agent		10. Name and Address of New Registered A	Agent
UTSMAN, THOMAS E		81 Name		
56 COUNTRY CLUB RD.		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
COCOA BEACH FL 32931		83		
		83		
		84 City	FL	85 Zip Code
11. Pursuant to the provisions of Sections 607.050	2 and 607 1508. Florida State	ites, the above-named corr	Covation submits this statement for the purpose of	changing its registered
11. Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the obligations.	of Florida. Such change was	authorized by the corporat	tion's board of directors. I hereby accept the appoint	ointment as registered
SIGNATURE Thomas E. M.		/	MAN, PRESIDENT SAN	21 1300
Signature, typed or printed name of registered age	and we indi	1120,010	MAN RESIDENT CAME	7 6-T. 1177
	истичения в аручения (Мо	TE Registered Agent signature requir	red whore reinstating) DATE	
12. OFFICERS AND	D DIRECTORS	TE Registered Agent signature requirements.	red whomenifistaling) DATE ADDITIONS/CHANGES TO OFFICERS AND	
12. OFFICERS AND THEE P				DIRECTORS IN 12 Change Addition
12. OFFICERS AND TITLE P NAME UTSMAN, THOMAS E	D DIRECTORS	13. 1.1 TITLE 1.2 NAME		
12. OFFICERS AND TITLE P NAME UTSMAN, THOMAS E STREET ADDRESS 56 COUNTRY CLUB RD.	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		
12. OFFICERS AND TITLE P NAME UTSMAN, THOMAS E STREET ADDRESS COUNTRY CLUB RD. CITY-ST-ZIP COCOA BEACH FL 32931	DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRÉSS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND	☐ Change ☐ Addition
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6.4 CITY-ST-ZIP 14. I 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 or Block 13 if changed, or on an attachment with an address.