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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

May 12 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000045913 (7)

TNT BAT	F & TACKLE INC.				
Principal Place	of Business	Mailing Address		T THE STORY OF THE FIRST BUILD BOTTLE BRYST BREST	. 80171 01001 01110 18151 11860 1111 1001
2213 E. ATLANT POMPANO BEAC		2213 E. ATLANTIC BLVD. POMPANO BEACH FL 3306	2-5209		•
				3. Date Incorporated or Qualified 06/13/1995	3a. Date of Last Report 08/12/1996
2. Principal Pla	ace of Business	2a, Mailing Address		APPLIED FOR 65-0	Applied For
Suite, Apt. #	l ala	Suite, Apt #, etc.		APPLIED FUR GS 9	
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country		Country	Trust Fund Contribution	Added to Fees
24	25	January '	30	8. This corporation has liability for i	ntangible fax under s. 199.032, ] Yes   No
24	Name and Address of Curre		301	10. Name and Address of New Reg	
TURA	N, WILLIAM M	······································	81 Name		
2213	E. ATLANTIC BLVD.		82 Street Addr	ress (P.O. Box Number is Not Acceptab	In)
POMPANO BEACH FL 3306			52 SHOOL AUGI	ess (F,O: Box Number is Not Acceptab	10)
			83		
		•	84 City		or Zn Code
			'		FL 85 Zip Code
11. Pursuant to	the provisions of Sections 607.05	02 and 607.1508, Florida Statute	es, the above-named corp	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing its registered
agent. I an	igistered agont, or both, in the State In <b>fam</b> iliar with, and accept the oblig	e of Florida. Such change was a galions of, Section 607.0505, Flo	utnorized by the corporat rida Statutes.	tion's board of directors, I hereby accep	it the appointment as registered
SIGNATURE _	_				
	Signature, typed or printed name of registered ag		: Registered Agent signature requir	· · · · · · · · · · · · · · · · · · ·	DATE
12.	PSTD OFFICERS AN	NO DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12  Change Addition
NAME	TURAN, WILLIAM M	[_] bittit	1.3 TITLE		Citable Cit Addition
STREET ADDRESS	% 2213E. ATLANTIC BLVD.		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33062		1.4 City-S1-ZiP		
TITLE	TOMPTHIO DE NOTICE COURSE	DELETE	21 1/JUE		
NAME					i Change   Addition
STREET ADDRESS					☐ Change ☐ Addition ☐
CITY-ST-ZIP			2.2 NAMI		☐ Change ☐ Addition
TITLE			2.2 NAMI 2.3 STREET ADDRESS		☐ Change ☐ Addition
1 321115.	···	DÉLETE	2.2 NAMI		Change Addition
NAME			2.2 NAMI 2.3 STREET ADDRESS 2.4 CTY+ST-ZIP		
[ ]			2.2 NAMI 2.3 STREET ADDRESS 2.4 CHY-ST-ZIP 3.1 TILE		
NAME		DELETE	2.2 NAMI 2.3 STREET ADDRESS 2.4 CHY-ST-ZIP 3.1 TILLE 3.2 NAME		Change Addition
NAME STREET ADDRESS			2.2 NAMI 2.3 STREET ADDRESS 2.4 CHY-ST-ZIP 3.1 THLE 3.2 NAME 3.3 STREET ADDRESS		
NAME STREET ADDRESS CITY-ST-ZIP		DELETE	2.2 NAMI 2.3 STREET ADDRESS 2.4 CHY-ST-ZIP 3.1 TILLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CHY-ST-ZIP		Change Addition
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14. I do hereby certily 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 the an attachment with an address.

SIGNATURE:

When the information supplied with this filing does not qualify to the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filing does not qualify to 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. I further certify that the information indicated on this annual report or supplemental annual