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May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000025161 (6)

1. Corporation Name

TMN, INC.

Principal Place of Business

708 LINCLON AVE.
LEHIGH ACRES FL 33936

Mailing Address

708 LINCLON AVE.
LEHIGH ACRES FL 33972-3839

3. Date Incorporated or Qualified

03/18/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

4. FEI Number

650652218

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

NOONAN, THERESA M
708 LINCLON AVE.
LEHIGH ACRES FL 33936

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE

NAME NOONAN, THERESA M
STREET ADDRESS 708 LINCLON AVE.
CITY - ST - ZIP LEHIGH ACRES FL 33936 33972

1.1 TITLE Change Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE D DELETE

NAME NOONAN, LEONARD M
STREET ADDRESS 708 LINCLON AVE.
CITY - ST - ZIP LEHIGH ACRES FL 33936 33972

2.1 TITLE Change Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE D DELETE

NAME MENDEZ, JOYCE
STREET ADDRESS 701 GREEN WOOD AVE.
CITY - ST - ZIP LEHIGH ACRES FL 33936 33972

3.1 TITLE Change Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE D DELETE

NAME TRANCHETTI, JULIUS F
STREET ADDRESS 705 LINCOLN AVE.
CITY - ST - ZIP LEHIGH ACRES FL 33936 33972

4.1 TITLE Change Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE Change Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

405/13/97

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(f), 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 in an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

President 5-1-97 941-369-3378

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)