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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600030040 (5)

T.N.T. TRADING, INC.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

TITLE

NAME

FILED Mar 31 1998 8:00am Secretary of State

	THADING, INC.						
Principal Place of Business Mailing Address						A resulted in settle state of the series on the series of the	i adını abını Bibin İğin tabı
8800 GATEHOUSE RD UNIT #1 B800 GATEHOUSE RD UNIT #				NIT #1			
PLANTATION FL 33324 PLAN			PLANTATION FL 33324	LANTATION FL 33324		DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	1
						04/01/1996	
2. Principal F	Place of Business	T :	2a, Mailing Address			4. FEI Number	Applied For
21		2:	26			65-0659748	Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				\$8.75 Additional
22			27			5. Certificate of Status Desired	Fee Required
City & State			City & State			6. Election Campaign Financing	\$5.00 May Be
23			28			Trust Fund Contribution	Added to Fees
Zip	Cou	ntry	Zip	Countr	у	8. This corporation owes or has paid the cur	rrent year Intangible
24	25	2	· 1	30			Yes No
g. Name and Address of Current Registered Agent						10. Name and Address of New Registered	Agent
	imachi, tracy			81	Name		
8800 GATEHOUSE RD UNIT #1					Street Add	ress (P.O. Box Number is Not Acceptable)	- · · · · · · · · · · · · · · · · · · ·
PLANTATION FL 33324					ł.		
				83	-		
				84	City	FL	85 Zip Code
11. Pursuant office or	to the provisions of S registered agent, or b	ections 607.0502 and oth, in the State of Flo	1 607.1508, Florida Statu orida. Such change was	les, the above authorized b	re-named corp y the corporal	poration submits this statement for the purpose of tion's board of directors. I hereby accept the app	f changing its registered cointment as registered
agent ra SIGNATURE	ım tamınar willi, and a	ccept the obligations	or, section 607.0505, Fi	onda Statule	is.		Ì
Signature, typed or printed name of registered agent and tirle if applicable (NOTE Registered					tered Agont signature required when reinstating) DATE		
12.		OFFICERS AND DIF		13.		ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	D	211	☐ DELETE	1.1 TITLE	ļ		☐ Change ☐ Addition
NAME	TRIMACHI, TRACY			1.2 NAME			
STREET ADDRESS					T ADDRESS		
CITY-ST-ZIP	PLANTATION FL	. 33324		1.4 CITY-	ST-ZIP		
TITLE			☐ DELETE	2.1 TITLE	İ		Change Addition
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREE	T ADDRESS	6.1	
CITY-ST-ZIP				2. 4 CITY	ST-ZIP		
TITLE			☐ DELET E	3.1 TITLE			☐ Change ☐ Addition
NAME				3.2 NAME	İ		
STREET ADDRESS				3.3 STREE	T ADDRESS		
CITY+ST-ZIP				3.4. CITY-	ST-ZIP		
TALE			DELET E	4.1 TITLE			Change Addition
NAME				4. 2 NAME			
CIDEET ADDRESS				4.2 07000	T ADDRESS		

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 receivor 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.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

SIGNATURES Lacy Linear his -to a the mark

3/25 198 954.423.0066

Change

Addition

Addition