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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999			
DOCUMENT # P9  1. Corporation Name TNA ENTERPRISES, INC.	70000335	74	
Principal Place of Business 11432 STATE RD 84 DAVIE FL 33315	11432	Address STATE RD 84 FL 33315	
Principal Place of Business     Suite, Apt. #, etc.	26	ailing Address	
City & State	28	p Cou	ntry
24 25 25 25 24 25 25 25 25 25 25 25 25 25 25 25 25 25	29 ss of Current Register	ed Agent	81 Name

**FILED** Feb 03, 1999 8:00am **Secretary of State** 

02-03-1999 90001 049 \*\*\*150.00



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Principal Place of Business 11432 STATE RD 84					<b>,</b>			٠.;
11432 STATE HU 89 DAVIE EL 33315				DO NOT WRITE IN THIS SPACE				
DAVIE FL 33315		<b>5.11.12</b> 14 14			3. Date Incorporated or Qualifed		l	1
							l l	1
	•				04/14/1997	Applied	LEOL	i i
	·				4. FEI Number			1
Principal Place of Business     2a. Mailing Address					65-0744700		plicable	1
2. Principal Flace of Business 26				<del></del>	\$8.75 Addit	ional	į	
21	21 Suite Apt. #, etc.				5. Certificate of Status Desired  Fee Require			i
Suite, Apt.	#, etc.	<b>⊢</b> —				- CE:00.4-		1
22	·	27			6. Election Campaign Financing	= \$5:00·Ma	A Be	- 1
City & State		City & State	City & State		Trust Fund Contribution Added to Fees			
		28			8. This corporation owes the current year	ntangijole	Ì	
23	Country	Zip	Country		8. This corporation owes the content year	r Yes □	No j	
Zip		29	30		Personal Property Tax.	d Agent		
24	25		<del>,,,,</del> _		10. Name and Address of New Registere	u Agent		
<del></del>	9. Name and Address of Curr	ent Registered Agent		81 Name	= <u></u>		1	
<del></del>		and the state of t	j					
EDN	IST, TY		1	82 Street Ac	ddress (P.O. Box Number is Not Acceptable)			
Enj	75 GOLF CLUB ROAD		ļ			24 12 12 24 24 24 24 24 24 24 24 24 24 24 24 24	5.5.2. 35:	
164	19-MOLL OFON HOVE			83		機能關門關		
\ WE	STON FL 33324					85 Zip Coo	le	
ļ				84 City	F	:	ì	
ļ	•			}   ·	<del></del>		gistered	
		- Florida State	ites the a	bove-named co	orporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	pointment as regis	tered	
11 Pursuan	t to the provisions of Sections 607.0	502 and 607.1506, Florida State	authorized	by the corpor	ration's board of directors. Thereby accept the ap-		ļ	
office or	régistered agent, or both, in the Sta am familiar with, and accept the obl	inations of, Section 607.0505, Fi	orida Stat	utes.		•		
agent. I	am familiar with, and accept the os-	•						6
SIGNATURE		NO	E: Registered	Agent signature rec	quired when reinstating)  ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 12	ğ
J. G. G. W. C. C.	Signature, typed or printed name of registered	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF TOETRO	Change	Addition	(11/98)
12.	OFFICERS	DELETE	1.1 T	m F	5000	Concuse	_	
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-   SIKEEIADD	KESS (S)		■ 6	4 CITY-ST-ZIP	140 07/3\(i) Florida Statutes, I furti	er cortify that the	information	

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 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, with all other like empowered.

SIGNATURE: