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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000042961 (7) DOCUMENT #

M. THUNDER CORPORATION

FILED May 26 1998 8:00am Secretary of State



Mailing Address Principal Place of Business 5916 BLUE BEECH LANE 5916 BLUE BEECH LANE TAMARAC FL 33319 TAMARAC FL 33319 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/12/1997 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 5916 Blue Beech Lone 26 5916 Blue Beech Lone 65 O75 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be FL TAMARAC Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name THUNDER-GROMCZYNSKI, MARK **5916 BLUE BEECH LANE** Street Address (P.O. Box Number is Not Acceptable) TAMARAC FL 33319 83 Zip Code 64 City **B**5 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. THUNDER-BROMCZ NSE, MARK Registered Ago it a griature required v SIGNATURE if agent and title if apple of i CR2E034 (10/97 S AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. 1.1 TITLE TITLE THUNDER-GROMCZYNSKI, MARK 12 NAME NAME 5916 BLUE BEECH LANE 1.3 STREET ADDRESS STREET ADDRESS TAMARAC FL \$3319 CITY-ST-ZIP 1.4 CITY - ST - ZIP Change DELETE Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST-ZIP DELETE Change Addition 3 1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - 7IP DELETE 4.1 TULE Change Addition TITLE 4.2 NAME NAME 500002535905 -05/27/98--01007--02**7** STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP ***150.00 DELETE Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - 7/P DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. Thereby certify that the information supplied with this filling 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 hame appears in

at my name appears in # Block 12 or Block 13 if changed, or It ADDI 20