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 # P97000047195 (7)

FILED Jan 22 1998 8:00am Secretary of State

TNT CA	APITAL CORP.									
Principal Place of Business Mailing Address								41 BB211 B1811		
1499 WEST PALMETTO PARK ROAD 1499 WEST PALMETTO PA										
SUITE 320 SUITE 320					10					
BOCA RATON FL 33486 BOCA RATON FL 33486							DO NOT WRITE IN THIS SPACE			
							3. Date incorporated or Qualified			
Principal Place of Business 2a. Mailing Address						05/29/1997 4. FEI Number Applied For				
21	lace of Business	\vdash	26)				65-0756461			ot Applicable
Suite, Apt.	#. etc.		Suite, Apt. #, etc.				03-019-117			Additional
22		<u> </u>	27				5. Certificate of Status Desired			equired
City & State	e		City & State				6. Election Campaign Financing	,	\$5.00	May Be
23		28					Trust Fund Contribution		,	to Fees
Zip	Country Zip			Cou	intry		8. This corporation owes or has pa	id the curr	ent year in	tangible
24	25	29	30				Personal Property Tax due June 30. Yes No			
	9. Name and Address of Currer	nt Registered /	Agent				10. Name and Address of New Re	gistered A	gent	
AM.	erilawyer Chartered				81	Name		'		•
343	ALMERIA AVENUE				82	Street Add	ress (P.O. Box Number is Not Acceptab	ie)		
CORAL GABLES FL 33134								·-,		
					83			,	•	
l					84	City		,	85 Zip	Code
						•		FL	' '	
11. Pursuant	to the provisions of Sections 607.050	12 and 607.150	8, Florida Statut	es, the at	oove	e-named cor	poration submits this statement for the p	urpose of	changing i	ts registered
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 age				d Agei	nt signature requi	ired when reinstating)	DATE		
12.		ID DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	PD		☐ DELETE	1,1 Ti					LI Change	L Addition
NAME	WAGENBLAST, THEODORE	/ DOAD		1.2 NA	_					
STREET ADDRESS	1499 WEST PALMETTO PARK	N RUAD		- 1		ADDRESS				1
CITY-ST-ZIP	BOCA RATON FL 33486 STD		DELETE	1.4 Cl		T-ZIP			Change	Addition
TITLE	TENENBAUM, JUDD		L WELLIE	2.1 11					□ creatige	E Addstool
NAME STREET ADORESS	1499 WEST PALMETTO PARK	CDOVD		2.2 NA		ADORESS		•		
	BOCA RATON FL 33486	CHOAD		1						1
CITY-ST-ZIP TITLE	DOCK HATCH I E 33400		DELETE	2, 4 C		1-41			Change	Addition
NAME				3.1 MA						
STREET ADDRESS						ADDRESS				
City-St-ZIP				3.4, C		}				
TITLE			DELETE	4.1 TIT		.,		7	Change	Addition
NAME				4, 2 N					, ,	
STREET ADDRESS						ADDRESS				- 1
CATY-ST-ZIP				4.4 CI						ļ
TITLE			DELETE	5.1 11		· <u></u> -		1	Change	Addition
NAME				5,2 NA		Ì			-	}
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP				5.4 CI						
TITLE			DELETE	6.1 TIT					Change	Addition
NAME				6.2 NA	ME					Ì
STREET ADDRESS				63 ST	REET A	ADDRESS				
CITY - ST - ZIP				8,4 CIT	ry-st	r-zip				1
	ertify that the information supplied w	ith this filing do	es not qualify fo				Section 119.07(3)(i), Florida Statutes. I I	urther cer	tify 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.

SIGNATURE:

18/98

761417.0189