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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra &: Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P97000051596 (9)

TNT, INC.

Principal Place of Business

Mailing Address

## FILED May 13 1998 8:00am Secretary of State



15140 76TH TRAIL NORTH PALM BEACH GARDENS FL 33418-7315		15140 76TH TRAIL NORTH PALM BEACH GARDENS FL 33418-7315						
					3. Date Incorporated or Qualified  06/10/1997	SPACE		
2. Principal Place	of Business	2a. Mailing Address			4. FEI Number	Ap	plied For	
21 777 South Flagler Dr 26					65-0762217	2 No	t Applicable	
Suite, Apt. #, e	Palm Bch, FL	Suite, Apl. #, etc.			5. Certificate of Status Desired	\$8.75 / Fee Re		
City & State		City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 Added t		
Zip 334	101 ZE USA	Z(p)	Country 30	y 	This corporation owes or has paid the current Personal Property Tax due June 30.	Yes [	angible ] No	
g, Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
	E, TERESA		81	Name			1	
15140 76TH TRAIL NORTH Palm Beach Gardens Fl. 33418-7315			82		Address (P.O. Box Number is Not Acceptable)			
			83	1				
			84	City	Fl	<b>85</b> Zip (	Code	
office or regis	ne provisions of Sections 607.0502 atered agent, or both, in the State o amiliar with, and accept the obligati	f Florida. Such change was a	uthorized b	v the corpora	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing it pointment as	s registered registered	
SIGNATURE								
	aturn, typed or panied name of registered agent			eni signature roq	Uired when reinstating) DATE	=		
12.	OFFICERS AND PSTD	DIRI CTORS  DELETE	13.	<u> </u>	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR  Change	S IN 12	
		[""] DCTG1E	1.1 TITLE			L Change	L AGUIIIOII	
NAME MAGEE, TERESA STREET ADDRESS 15140 76TH TRAIL NORTH			1.2 NAME					
	PALM BEACH GARDENS FL 33	419.7215		T ADDRESS				
CITY-ST-ZIP	ALM BEACH GANDENS IE SO		1.4 CIBY-	S1-ZIP ]				
NAME		I DELETE	2.1 TITLE		<u> </u>	Change	Addition 1	
i well		☐ DELETE	2.1 TITLE 2.2 NAME			Change	Addition	
STREET ADDRESS		☐ DELETE	2.2 NAME	T ADDRESS		☐ Change	Addition	
STREET ADDRESS		<b>∐</b> DELETE	2.2 NAME 2.3 STREE	T ADDRESS		☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	2.2 NAME 2.3 STREE	T ADDRESS ST-ZIP —		☐ Change	Addition Addition	
CITY-ST-ZIP			2.2 NAME 2.3 STREE 2.4 City-					
CITY-ST-ZIP TITLE			2.2 NAME 2.3 STREE 2.4 CITY - 3.1 TITLE 3.2 NAME					
CITY-ST-ZIP TITLE NAME			2.2 NAME 2.3 STREE 2.4 CITY - 3.1 TITLE 3.2 NAME	ST-ZIP —				
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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 informatic indicated on this administratory 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 regimer 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 arrattrichment with an address.

CIONATURE.

Magn. Magne

416/93 561-659-199