## 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 # P97000081645 (8)

TINKLES ENTERPRISES, INC.

## FILED Mar 12 1998 8:00am Secretary of State

TOO AM WATER ST.  INDIAN FOR S		I Div. J D						
### DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  9//8/1997  2a. Mailing Address 2b. Principal Place of Business 2c. Principal Place of Business 2b. Principal Place of Business 2c. Principal Place of Busin	Principal Place of Business Mailing Address						•••••	
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Principal Place of Business 2. Mailing Address 3. Deta Incorporated of Qualified 09/18/1997 4. Fit Number 4. Fit Number 4. Fit Number 4. Set Number 4. Fit Number 4. Fit Number 4. Fit Number 4. Fit Number 4. Set Number 4. Fit Number 4. Set Number 4. Fit Number 4. Set	***************************************					DO NOT WRITE IN THIS SPACE		
Principal Place of Business   2a Mailting Additions							III THIS STACE	
22						i '		
Sulle, Apt #, etc.  27 27 27 28 28 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20	2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	IAR	plied For
Sulle, Apt #, etc.  27 27 27 28 28 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20	21 1043 N. W. 6451 Miami F1 3315026 1043 N. W. 64st Miami				F1. 33150	65-0782956	<del>*   `</del>	t Applicable
City & State   Mi A MI   F   33   28   Mi A MI   F   34   28   Mi A MI   F   34   28   Mi A MI   F   34   29   37   5   20   30   Mi S A   38   Mi A MI   F   37   5   30   Mi S A   39   30   Mi S A   38   Mi A MI   F   30   Mi S A   39		#, etc.	Suite, Apt. #, etc.			-	¥	
249   3 3   5 0   28		M . F . 32	City & State			6. Election Campaign Financing	\$5.00	May Be
24) 3 3 1 5 0	23	Miami F1. 55	28 Miami Kl	' <u>-</u>		Trust Fund Contribution		
WOLFE, RICHARD C 20803 BISCAYNE BLVD., STE. 200 AVENTURA FL 33180  B1   Name   10. Name and Address of New Registered Agent   B2   Street Address (P.O. Box Number is Not Acceptable)  B2   Street Address (P.O. Box Number is Not Acceptable)  B3   City   FL   85   Zip Code  B4   City   FL   85   Zip Code  B5   City   FL   85   Zip Code  B6   City   FL   85   Zip Code  B7   City   FL	<u> </u>		- (SICO) -			,		
WOLFE, RICHARID L.  20803 BISCAYNE BLVD., STE. 200  AVENTURA FL 33180  82 Sirent Address (P.O. Box Number is Not Acceptable)  83 Sirent Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Zip Code  65 City FL 85 Zip Code  67 City FL 85 Zip Code  68 City FL 85 Zip Code  68 City FL 85 Zip Code  68 City FL 85 Zip Code  69 City FL 85 Zip Code  60 City FL 85 Zip			1::1		'			
### 20803 BISCAYNE BLVD., STE. 200 AVENTURA FL 33180  ### City  FL ## S Zip Code  11. Pursuant to the provisions of Sections 607 0502 and 807.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist 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 register agent is mit familiar with, and accept the obligations of, Sections 607 0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist of gent in familiar with, and accept the obligations of, Section 807 0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist of gent in familiar with, and accept the obligations of section 807 0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist of gent in familiar with a submit of the purpose of changing its regist of gent in familiar with a submit of the purpose of changing its regist of gent in familiar with a submit of the purpose of changing its regist of gent in familiar with a submit	WOL	LFE. RICHARD C		B1	Name	1111		
B3					2 Street Address (P.O. Box Number is Not Acceptable)			
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 register office or registered agent, or bottl, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as register agent a marrier with, and accept the obligations of Section 607.6505, Florida Statutes.  SIGNATURE   Signature, typed or perind name of registered agent and time it approaches with a marrier and time of registered agent and time it approaches was authorized by the corporation's board of directors. Thereby accept the appointment as register agent and time it approaches by the corporation is board of directors. Thereby accept the appointment as register agent and the provision of the provision is board of directors. Thereby accept the appointment as register agent agent and the provision of the provision of the provisions of th	AVENTURA FL 33180							
TILE DPST DELETE 13 TITLE DPST DELETE 22 TITLE 22 MAME 22 MAME 22 MAME 23 STREET ADDRESS CITY-S1-ZIP DELETE 3.1 TITLE DELETE 4.1 TITLE 2.2 MAME 3.3 STREET ADDRESS STREET A				ВЗ				
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 register of departs of the provisions of Section 607, 1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as register agent and ramifer with, and accept the obligations of Section 607, 5035, Florida Statutes.  SIGNATURE				84	City		- 85 Zip (	Code
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 register agent than familiar with, and accept the obligations of, Soction 607 (505, Florida Statutes.  SIGNATURE    12.	44 5	- 15	607 4500 Fla-ida (Val. 400			and in a shariful this statement for the m		o sociotorod
SIGNATURE   Signature, hysied or printed name of regulatured agent and linch applicated agent algorithmic regulated when reinstalating)   DATE     12.	office or re	egistered agent, or both, in the State of	of Florida. Such change was au	ithorized b	v the corporation	on's board of directors. I hereby accept	t the appointment as	registered
Signature, hybod or presented apport and line it applicable   (NOTE Registered Apont signature required whom reinstating)   DATE	agent. Fan	n familiar with, and accept the obligat	tions of, Section 607.0505, Flori	ida Statute	<b>8</b> .			}
12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DPST  MAME  BRADSHAW, MCARTHUR JR.  12 MAME  1043 NW 64TH ST.  1043 NW 64TH ST.  13 STREET ADDRESS  CITY-ST-ZIP  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  21 TITLE  AME  22 NAME  23 STREET ADDRESS  CITY-ST-ZIP  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  AME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  41 TITLE  DELETE  42 NAME  43 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  44 TITLE  DELETE  45 TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  55 TITLE  MAME  53 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  55 TITLE  MAME  55 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  DELETE  55 TITLE  MAME  55 STREET ADDRESS  56 CITY-ST-ZIP  TITLE  DELETE  DELETE  DELETE  55 TITLE  DELETE  DELETE  DELETE  55 TITLE  DELETE		Signature broad or popular page of registered even	of sod title it enginesis. (NOTE	Registered Ar	ent signature regulter	d when reinstaling)	DATE	
DELETE   DELETE   1.1 TITLE   DELETE   1.2 NAME   STREET ADDRESS   TITLE   DELETE   1.2 NAME   DELETE   1.3 STREET ADDRESS   DELETE   DE		<del></del>						IS IN 12
NAME   STREET ADDRESS   1.043 NW 64TH ST.   1.3 STREET ADDRESS   1.4 CDTY-ST-ZIP				_				Addition
1043 NW 64TH ST.   1.3 SIREET ADDRESS   1.4 CITY-ST-ZIP	NAME			1.2 NAME				
DELETE	STREET ADDRESS			1.3 STREE	T ADDRESS			
NAME	CITY-ST-ZIP	= ·		1.4 CITY	ST-ZIP			
STREET ADDRESS   2.3 STREET ADDRESS   2.4 CITY-ST-ZIP	TITLE		☐ DELETE	2.1 TITLE			Change	Addition
2.4 CITY-ST-ZIP	NAME			2.2 NAME				
DELETE   DELETE   3.1 TITLE   Change   Ad	STREET ADDRESS			2.3 STREE	T ADDRESS			
NAME					ST-ZIP			
STREET ADDRESS   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP			F"] DETEIF				∟ Unange	Addition
STREET ADDRESS   SA CITY-ST-ZIP     Change   Ad	• •							
TITLE         □ DELETE         4.1 TITLE         □ Change         □ Ad           NAME         4.2 NAME         4.3 STREET ADDRESS         □ Change         □ Ad           CITY-ST-ZIP         □ DELETE         5.1 TITLE         □ Change         □ Ad           NAME         5.2 NAME         □ OOO 2455□22         □ Ad           STREET ADDRESS         5.3 STREET ADDRESS         □ O3/12/98 □ 01032 □ 002         □ Ad           CITY-ST-ZIP         □ DELETE         6.1 TITLE         □ Change         □ Ad           TITLE         □ DELETE         6.1 TITLE         □ Change         □ Ad	-							
NAME			DELETE		ST-ZIP	<del></del>	Channe	Addition
STREET ADDRESS   4.3 STREET ADDRESS   4.4 CITY - ST - ZIP					.		change	
A4 CITY-ST-ZIP								
DELETE   STITUE   Change   Ad						•		
NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  5.2 NAME  5.2 NAME  5.3 STREET ADDRESS  5.4 CITY-ST-ZIP  6.1 TITLE  5.2 NAME  -03/12/9801032002  ***150.00  □ Change □ Address			☐ DELETE		31-21		Change	Addition
STAICTY-ST-ZIP	NAME			5.2 NAME		20000245	ŽÕŠS	
TITLE	STREET ADDRESS	5.3.8		5.3 STREE	T ADDRESS	-03/12/980103	2002	
	CITY-ST-ZIP			5.4 CITY-	ST-ZIP	***150.UU		
NAME 62 NAME			DELETE	6.1 TITLE			Change	Addition
TANDE OF THE PROPERTY OF THE P	NAME			6.2 NAME				~21d
STREET ADDRESS 6.3 STREET ADDRESS	STREET ADDRESS			6.3 STREE	T ADDRESS		•	d .n.
CITY-ST-ZIP 6.4 CITY-ST-ZIP			-					7 1/2
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 integral 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 eath; that I am a								
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.	officer or d	director of the corporation or the recei	iver or trustee empowered to ex					