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 # 1. Corporation Name

P97000094791 (5)

HOT TUNAZ, INC.

FILED Apr 03 1998 8:00am Secretary of State



Principal Place of Business		Maining Address			,	
3103 W CHAPIN 8T TAMPA FL 33611		3103 W CHAPIN ST TAMPA FL 33611			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
		A. Mailing Address			11/04/1997 4. FEI Number Applied For	
	ace of Business	2a. Mailing Address				
21		26				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required	
City & State	9	City & State	City & State		Election Campaign Financing \$5.00 May Be	
23		28	·8		Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Countr	у	8. This corporation owes or has paid the current year Intangible	
24	25	29	30		Personal Property Tax due June 30. 🔲 Yes 🔀 No	
	g. Name and Address of Curre		· · ·		10. Name and Address of New Registered Agent	
6.60	LO EDENENICY I		81	Name	ame	
	LS, FREDERICK J		L_	_		
1200 W PLATT ST, STE 100			82	2 Street Address (P.O. Box Number is Not Acceptable)		
TAN	MPA FL 33606		83			
			100	Ί		
			84	City	ity 85 Zip Code	
				'		
11. Pursuant l	to the provisions of Sections 607.050	02 and 607.1508, Florida Statu	ites, the abov	e-name	med corporation submits this statement for the purpose of changing its registered	
office or re	egiste red agent, or both, in the State m fam iliar with, and accept the oblic	e of Florida. Such change was lations of, Section 607,0505. F	s autnorized d Florida Statute	y the co is.	e corporation's board of directors. I hereby accept the appointment as registered	
	The man with and accept the osing		101100 0101010			
SIGNATURE	Signature typed or printed name of registered ag	ent and title if applicable. (NC	OTF. Registered Ac	ulanga Ineg	gnature required when reinstating) DATE	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	DELETE	1 1 TITLE		Change Addition	
NAME	SMITH, MARK ANTHONY		1 2 NAME			
	3103 W CHAPIN ST		1	T ADDRESS	occe	
STREET ADDRESS	* · · · · · · · · · · · · · · · · · · ·				1	
CITY-ST-ZIP	TAMPA FL 33611	DELETE	1.4 CITY-	S1-ZIP	Change Addition	
TITLE	— — — — — — — — — — — — — — — — — — —		2.1 TITLE		Change Station	
NAME	TYLER, DAVID A		2.2 NAME			
STREET ADDRESS	214 S BRADFORD AVE		2.3 STREET ADDRESS		AESS	
CITY-ST-ZIP	TAMPA FL 33609		2.4 CITY - ST - ZIP			
TITLE	D	☐ DELETE	3.1 TITLE		Change	
RAME	SCHLUETER, JAMES EDWAF	tD .	3.2 NAME			
STREET ADDRESS	3315 S MANHATTAN AVE		3.3 STREE	T ADDRESS	RESS	
CITY-ST-ZIP	TAMPA FL 33629		3.4. CITY	ST-ZIP	P	
TITLE		DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAM			
STREET ADDRESS			4.3 STREE	T ADDRESS	RESS	
CITY-ST-ZIP			4.4 CITY-			
TITLE		DEL ete	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
				T ADDRESS	pres	
STREET ADDRESS						
CITY-ST-ZIP		DELETE	5.4 CITY-		P Change Addition	
TITLE		["] DETEIR	6.1 TITLE		L country	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	T ADDRESS	RESS	
CITY-ST-ZIP			6.4 CITY-	ST-ZIP	>	

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 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. 8132549463