CORPORATION
ANNUAL REPORT
1999

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

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1. Corporation Name
TDK ENTERPRISES, INC

Principal Place of Business
~~13000 GULF BLVD. #112~~
~~MADEIRA BEACH FL 33708~~
6251 44TH ST. N
Suite 1
PINELLAS PARK, FL 33781

Mailing Address
13000 GULF BLVD. #112
MADEIRA BEACH FL 33708

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 6251 44th ST. N.
22 Suite, Apt. #, etc. 1
23 City & State PINELLAS PARK, FL
24 Zip 33781 25 Country USA

2a. Mailing Address
26 6251 44th ST. N
27 Suite, Apt. #, etc. 1
28 City & State PINELLAS PARK, FL
29 Zip 33781 30 Country USA

3. Date Incorporated or Qualified
OCTOBER 7, 1998

4. FEI Number 59-3539502 Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
WACHNER, DALE T
6251 44th ST. N
Suite #1
PINELLAS PARK, FL 33781

10. Name and Address of New Registered Agent
81 Name WACHNER DALE T.
82 Street Address (P.O. Box Number is Not Acceptable) 6251 44th ST. N #1
83
84 City PINELLAS PARK FL 85 Zip Code 33781

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 Dale T. Wachner DALE T. WACHNER 4/30/99 DATE
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when refiling)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WACHNER, DALE T
STREET ADDRESS	6251 44th ST. N
CITY-ST-ZIP	Suite 1 PINELLAS PARK, FL 33781
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

☐ Change ☐ Add

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 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, with all other like empowered.

SIGNATURE Dale T. Wachner 4/30/99 (727) 527-7389
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

DALE T. WACHNER