

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

J47845

T.O.L. Enterprises, Inc.

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified
12-18-1986

3a. Date of Last Report
5-1-1995

2. Principal Place of Business
21 2430 NE 201 St.
Suite, Apt. #, etc.

2a. Mailing Address
26 2430 NE 201 St.
Suite, Apt. #, etc.

4. FEI Number
59-2753760

Applied For
Not Applicable

22
City & State

27
City & State

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

23 N. Miami Bch., FL.
Zip Country

28 N. Miami Bch., FL.
Zip Country

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

24 33180 25 U.S.A.

29 33180 30 U.S.A.

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YANIV DAGAN
2430 NE 201 ST.
N. MIAMI BEACH FL, 33180

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 agent. If not applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dagan, Yaniv	1.2 NAME	
STREET ADDRESS	2430 NE 201 Street	1.3 STREET ADDRESS	
CITY-ST-ZIP	N. Miami Bch., FL 33180	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dagan, Chava	2.2 NAME	
STREET ADDRESS	2430 NE 201 Street	2.3 STREET ADDRESS	
CITY-ST-ZIP	N. Miami Bch., FL 33180	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dagan, Pinchas	3.2 NAME	
STREET ADDRESS	2430 NE 201 Street	3.3 STREET ADDRESS	
CITY-ST-ZIP	N. Miami Bch., FL 33180	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	100001896941
STREET ADDRESS		5.3 STREET ADDRESS	-07/17/96--01072--031
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***225.00
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Yaniv Dagan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/29/96 (305) 6820 303

CR2E034 (12/95)