

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 31, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**1996.  
FEE: \$375.)**

**PROFIT CORPORATION ANNUAL REPORT 1996**



FLORIDA DEPARTMENT OF REVENUE  
Sandra B. Morthan  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P95000068678 (8)**

1. Corporation Name  
**TOBY PROPERTY, INC.**



Principal Place of Business: **19207 NE 18 AVENUE NORTH MIAMI BEACH FL 33179**  
Mailing Address: **19207 NE 18 AVENUE NORTH MIAMI BEACH FL 33179**

2. Principal Place of Business  
21. Suite, Apt #, etc.  
22. City & State  
23. Zip  
24. Country  
25. Zip  
26. Mailing Address  
27. Suite, Apt #, etc.  
28. City & State  
29. Zip  
30. Country

9. Name and Address of Current Registered Agent  
**WIENER WEINER, TOBY  
19207 NE 18 AVENUE  
NORTH MIAMI BEACH FL 33179**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the undersigned, who is an officer or registered agent or both, in the State of Florida, such change was authorized by the board of directors of the corporation and I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes, to file this statement for the purpose of changing its registered agent or registered agent.

SIGNATURE: \_\_\_\_\_  
Signature of principal place of business agent and title of agent (if not registered agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TOBY WIENER, PRES. DIRECTOR</b>	12. NAME	
STREET ADDRESS	<b>19207 N.E. 18<sup>th</sup> AVENUE</b>	13. STREET ADDRESS	
CITY - ST - ZIP	<b>NORTH MIAMI BEACH, FL 33179</b>	14. CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY - ST - ZIP		24. CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY - ST - ZIP		34. CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY - ST - ZIP		44. CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY - ST - ZIP		54. CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY - ST - ZIP		64. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 of the corporation and that my name appears in Block 12 or Block 13 if changed, or on an attachment with this report.

SIGNATURE: **Toby Wiener**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3. Date Incorporated or Qualified: **09/06/1995**  
3a. Date of Last Report  
4. FEI Number: **65-0605158**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

10. Name and Address of New Registered Agent  
Name: \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
City: \_\_\_\_\_ FL 33179 Zip Code

I, the undersigned, who is an officer or registered agent or both, in the State of Florida, such change was authorized by the board of directors of the corporation and I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes, to file this statement for the purpose of changing its registered agent or registered agent.

SIGNATURE: \_\_\_\_\_  
Signature of principal place of business agent and title of agent (if not registered agent)

CR2E034 (3/96)

7/26/96 954961-1040  
Date of Filing Digitized File #