## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

## CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name V47454

(6)

TONIMAR, INC.

<del></del>	 	 		
Principal Place of Business			Mailing	Address
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## **FILED** Jan 23 1998 8:00am Secretary of State



1385 SHEFFIELD WAY FT. MYERS FL 33919-2250			1385 SHEFFIELD WAY FT. MYERS FL 33919-2250				DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified	- ]	
2 Principal	Place of Business	2a Mailin	ng Address				06/24/1992 4. FEI Number   Applied F		
<b>⊢</b> ¬ '	Flace of business	26	ig Address						
Suite, Ap	it. # etc.		Apt. #, etc.				60.75		
22		27	Tipe of orde				5. Certificate of Status Desired Fee Required	au	
City & St	ate	City 8	State		_		6. Election Campaign Financing \$5.00 May Be	e -	
23		28	28				Trust Fund Contribution Added to Fees		
Zip	Country	Zip		Cou	ntry		8. This corporation owes or has paid the current year Intangible	,	
24	25	29		30			Personal Property Tax due June 30.  Yes No		
]	9. Name and Address of	Current Registered /	Agent				10. Name and Address of New Registered Agent		
IA.	CONO, VINCENT				81	Name	•		
,	385 SHEFFIELD WAY				82	Street Add	Address (P.O. Box Number is Not Acceptable)		
F	T. MYERS FL 33919-2250				83		· · · · · · · · · · · · · · · · · · ·		
				ļ	84	City	85 Zip Code		
					"	City	FL   S   Zip code		
11. Pursuar office or agent. I	nt to the provisions of Sections of registered agent, or both, in the am familiar with, and accept the	507.0502 and 607.150 ne State of Florida, Suc ne obligations of, Section	8, Florida Statut ch change was on 607,0505, Fl	es, the at authorized orida Stat	bove d by tutes	-named cor the corpora	rporation submits this statement for the purpose of changing its regist ation's board of directors. I hereby accept the appointment as register	ered red	
SIGNATURE							m =	<del></del> -	
12.	Signature, typed or printed name of regi	stered agent and title If applica		E. Registered	d Ager	nt signature requ	ufred when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	· · ·	
TITLE	D OFFICE	NO AND DINECTORS	DELÉTE	1.1 11	TIF			dition	
NAME	IACONO, TONI			1,2 NA					
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP	FT. MYERS FL 33919-2	250		1.4 CI					
TITLE	11. WILLIO I L 00313-E	£00	DELETE	2,1 1		1-211	☐ Change ☐ Ad	dition	
NAME				2.2 NA					
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TITLE	<del></del>		DELETE	3.1 TIT			Change Ad	idition	
NAME	1			3.2 NA	AME	}	· · · · · · · · · · · · · · · · · · ·		
STREET ADDRESS	s			3.3 ST	REET	ADDRESS			
CITY-ST-ZIP				3.4. C		1			
TITLE			DELETE	4,1 TIT			Change Ad	dition	
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CITY-ST-ZIP				4.4 CI	TY-ST	r-ZIP			
TITLE			DELETE	5.1 TI	TLE		Change Ad	dition	
NAME				5.2 NA	AME	ļ			
STREET ADDRESS	3			5.3 ST	REET	ADDRESS			
CITY-ST-ZIP	<u> </u>			5.4 CF	TY-ST	r-ZIP			
TITLE			DELETE	6.1 717	TLE		Change Ad	ldition	
NAME				6.2 NA	AME				

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 cath; that I am an officer or director of the copporation or the receiver or tristeete 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.

STREET ADDRESS