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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **V47454** 1. Corporation Name

TONIMAR, INC.

## **FILED** Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90033 041 \*\*\*150.00



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Principal Place	of Business	Mailing Address								
1385 SHEFFIELD WAY 1385 SHEFFIELD WAY										
FT. MYERS FL 33919-2250 FT. MYERS FL 33919-2250			250			DO NOT WRITE IN THIS SI			SPACE	
						3. Date Inco	rporated or Qualife			
						06/24/1				
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Numb				Applied For
21 2120		26				65-0363	3769			Not Applicable
Suite, Apt. 1		Suite, Apt. #, etc.		. X					\$8.7	5 Additional
22		27	CAY	[Y 50		5. Certificate	of Status Desired		Fee	Required
City & State	9	City & State	$\mathcal{I}^{\dagger}$			6. Election C	Campaign Financing		\$5.0	0 May Be
23 NA	PLES FL	28	•			Trust Fun	d Contribution	'	Adde	ed to Fees
Zip	Country	Zip	Col	untry		8. This corp	oration owes the cu	rrent year Inta	ngible	_
24 3411	12 25 USA _	29	30				Property Tax.		☐ Yes	□No
	9. Name and Address of Curre	nt Registered Agent		Ι.,		10. Name an	d Address of New	Registered A	gent	
	NO SMOCKET			81	Name					
	NO, VINCENT			82	Street Addr	ress (P.O. Box N	umber is Not Accep	table)		-
1385 SHEFFIELD WAY					<i>212</i> 0		et cir		·	
FT. N	MYERS FL 33919-2250			83						
				84	City	<del></del>			85 Z	ip Code
				1 1	- NA	PLES	i	<u> </u>	11.	34/104
11. Pursuant t	to the provisions of Sections 607.056 egistered agent, or both, in the State	02 and 607.1508, Florida Sta	tutes, the a	above-i	named corp	oration submits t	his statement for the	e purpose of c	hanging tment as	its registered registered
office or re agent. I ar	egistered agent, or both, in the State in familiar with, and accept the obligation	ations of, Section 607.0505,	S authorize Florida Sta	tutes.	ie corporatio	on's board or dire	Clors. Thereby acc	apt the appoint	anone do	rugiolorus
SIGNATURE	· · · · ·									
OIOIVATORE !	Signature, typed or printed name of registered ago				signature require	ed when reinstating)		DATE	- DIDEC	TODO (1) 40
12.		ND DIRECTORS	13.			ADDITION	S/CHANGES TO C	FFICERS ANI	Chang	
TITLE	D	☐ DELETE		TITLE					Ortani	je
NAME	IACONO, TONI			IAME		*	<i>'</i>			
STREET ADDRESS	1385 SHEFFIELD WAY			STREET A	1		XV			
CITY-ST-ZIP	FT. MYERS FL 33919-2250	□ DELETE		CITY-ST-Z	ZIP		NE WE	<del></del> -	Chang	ge Addition
TITLE		☐ DELETE	2.1 T			5'	,		<b>X</b> Onding	,0
NAME				NAME		ŭ				
STREET ADORESS				STREET A						
CITY-ST-ZIP				CITY-ST-	ZIP				☐ Chang	ge Addition
, TITLE		☐ DELETE		MLE						,
NAME				NAME						İ
STREET ADDRESS				STREET A						
CITY-ST-ZIP		DELETE		CITY-ST- NTLE	ZIP				☐ Chang	ge \ Addition
TITLE		☐ DEFETE								,
NAME			1	NAME						
STREET ADDRESS				STREET A						İ
CITY-ST-ZIP		☐ DELETE		CITY-ST-	ZIP				☐ Chang	ge Addition
TITLE				NAME						
NAME				STREET A	DORESS					,
STREET ADDRESS				OITY-ST-						ļ
CITY-ST-ZIP		☐ DELETE		TITLE	LIF*				☐ Chan	ge ["] Addition
TITLE				NAME						,
NAME				STREET A	IDDDESS			•		ĺ

CITY-ST-ZIP 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 or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: