

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **V566 10**  
1. Corporation Name  
**TOMKEN, INC.**

(1)

95 JAN 18 AM 8:50

Principal Place of Business      Mailing Address  
**2275 S KANNER HWY  
STUART FL 34884  
US**                                      **2275 S KANNER HWY  
STUART FL 34884  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Organized      3a. Date of Last Report  
**08/10/1992**                                      **03/02/1994**

4. FIC Number      Applied Fee  
**65-0388228**                                      **\$8.75 Additional  
Fee Required**

5. Certificate of Status Issued      **\$5.00 May be  
Added to Fees**

6. Election Campaign Finance Act  
Trust Fund Contribution      **\$5.00 May be  
Added to Fees**

8. This corporation has liability for intangible tax under § 190.01,  
Florida Statutes       Yes       No

2. Principal Place of Business      2a. Mailing Address

21. State, Apt # etc      26. State, Apt # etc

22. City & State      27. City & State

23. Zip      28. Country      29. Zip      30. Country

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**JURGENS, J A  
222 LAKEVIEW AVENUE  
SUITE 800  
WEST PALM BEACH FL 33401**

B1 Name  
B2 Street Address (P.O. Box Number is Not Accepted)  
B3  
B4 City      **FL**      B5 Zip Code

11. Pursuant to the provisions of Sections 807.0902 and 807.1501, Florida Statutes, this corporation certifies this statement for the purpose of having its registered office or registered agent, or both, in the State of Florida. Such change was authorized by this corporation's board of directors. Thereby, it certifies and appoints its registered agent. Care should be taken to accept the obligations of Sections 807.0901, Florida Statutes.

SIGNATURE      Signature Agent or parent name of registered agent and title of agent      Signature Registered Agent (signature required after registration)      Title

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
OFFICER	PD NAME: LETSCH, THOMAS F STREET ADDRESS: 2275 S KANNER HWY CITY, ST, ZIP: STUART FL	1. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Address
OFFICER	STD NAME: LETSCH, EILEEN F STREET ADDRESS: 2275 S KANNER HWY CITY, ST, ZIP: STUART FL	2. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Address
OFFICER		3. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Address
OFFICER		4. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Address
OFFICER		5. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Address
OFFICER		6. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Address
OFFICER		7. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Address
OFFICER		8. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Address
OFFICER		9. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Address
OFFICER		10. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Address

14. I do hereby certify that the information reported with this filing is voluntarily furnished and deemed truthful for the reasons stated by us hereon. I do hereby certify that the information included 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. I am an officer or director of this corporation or the registered agent or parent of this corporation as reported by this filing and I have signed this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Thomas F. Letsch*  
SIGNATURE AND TYPED OR PRINTED NAME OF AGENT OR OFFICER ON THIS FORM

1/11/95      4/21/95