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FILED
Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 250938 (8)

1. Corporation Name
THE TOBI COMPANY, INC.



Principal Place of Business 10500 UNIVERSITY CENTER DR. SUITE 143 TAMPA FL 33612	Mailing Address 10500 UNIVERSITY CENTER DR. SUITE 143 TAMPA FL 33612-6460
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 09/05/1961	3a. Date of Last Report 04/16/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1263852	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country	30. Country	

9. Name and Address of Current Registered Agent

BALLOTTA, PETER C
13401 GOLF CREST WAY
TAMPA FL 33624

10. Name and Address of New Registered Agent

81. Name **BALLOTTA, PETER C.**

82. Street Address (P.O. Box Number is Not Acceptable)
4207 CARROLLWOOD VILLAGE DRIVE

83. City **TAMPA** FL 85. Zip Code **33624**

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 and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BALLOTTA, PETER C.	
STREET ADDRESS	13401 GOLF CREST WAY	
CITY-ST-ZIP	TAMPA FL	
TITLE	CVD	<input type="checkbox"/> DELETE
NAME	TOBI, FREDERICK G.	
STREET ADDRESS	4805 CULBREATH ISLES WAY	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	TOBI, JOSEPH C.	
STREET ADDRESS	12206 WOOD DUCK PLACE	
CITY-ST-ZIP	TAMPA FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	WILSON, PETER G.	
STREET ADDRESS	18232 CLEAR LAKE DRIVE	
CITY-ST-ZIP	LUTZ FL	
TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	BOWMAN, ROSE M	
STREET ADDRESS	9633 ORANGE GROVE DR	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BALLOTTA, PETER C.	
1.3 STREET ADDRESS	4207 CARROLLWOOD VILLAGE DRIVE	
1.4 CITY-ST-ZIP	TAMPA, FL 33624 (ADD ZIP CODE)	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	33629 (ADD ZIP CODE)	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	33617 (ADD ZIP CODE)	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	33549 (ADD ZIP CODE)	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP	33618 (ADD ZIP CODE)	
6.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ROGERS, T. LIONEL	
6.3 STREET ADDRESS	28339 OPENFIELD LOOP	
6.4 CITY-ST-ZIP	WESLEY CHAPEL, FL 33543	

14. I do 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 in a supplemental filing address.

CR2E034 (9/96)