


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

FILED  
Feb 04 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # 250938 (8)</b> 1. Corporation Name <b>THE TOBI COMPANY, INC.</b>		

Principal Place of Business <b>10500 UNIVERSITY CENTER DR. SUITE 143 TAMPA FL 33612</b>	Mailing Address <b>10500 UNIVERSITY CENTER DR. SUITE 143 TAMPA FL 33612</b>
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		<b>3. Date Incorporated or Qualified</b> <b>09/05/1961</b>	
<b>4. FEI Number</b> <b>59-1263852</b>		<b>Applied For</b> <input type="checkbox"/> Not Applicable		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>9. Name and Address of Current Registered Agent</b> <b>BALLOTTA, PETER C 4207 CARROLLWOOD VILLAGE DR TAMPA FL 33624</b>				<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALLOTTA, PETER C.	1.2 NAME	
STREET ADDRESS	4207 CARROLLWOOD VILLAGE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	CVD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOBI, FREDERICK G.	2.2 NAME	
STREET ADDRESS	4805 CULBREATH ISLES WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOBI, JOSEPH C.	3.2 NAME	
STREET ADDRESS	12206 WOOD DUCK PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, PETER G.	4.2 NAME	
STREET ADDRESS	18232 CLEAR LAKE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	4.4 CITY-ST-ZIP	
TITLE	VSTD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWMAN, ROSE M	5.2 NAME	
STREET ADDRESS	9633 ORANGE GROVE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, T LIONEL	6.2 NAME	
STREET ADDRESS	28339 OPENFIELD LP	6.3 STREET ADDRESS	
CITY-ST-ZIP	WESLEY CHAPLE FL	6.4 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 in an attachment with an address.

SIGNATURE:

*Peter C. Ballotta*

January 27, 1998 (813) 975-1212

CR2E034 (10/97)