

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # 292498

(3)

1. Corporation Name

TOLCO CORPORATION

Principal Place of Business

**4550 S.W. 75 AVE
MIAMI FL 33155**

Mailing Address

**4550 S.W. 75 AVE
MIAMI FL 33155**



2. Principal Place of Business

2a. Mailing Address

21	26	27	28	29	30
Subst. Apt. #, etc.	Subst. Apt. #, etc.	City & State	City & State	Zip	Country
22	27	28	29	30	
City & State	City & State	City & State	City & State	City & State	City & State
23	28	29	30		
Zip	Zip	Zip	Zip	Zip	Zip
24	29	30			
Country	Country	Country	Country	Country	Country

9. Name and Address of Current Registered Agent

**TOLL, LOUIS ROBERT
4550 S.W. 75TH AVE.
MIAMI FL 33155**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.01, 2 and 6, of 1968, 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, hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.01(2), Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Officer or Director

Date

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	TOLL, LOUIS R.	
STREET ADDRESS	4550 S.W. 75TH AVE.	
CITY, ST, ZIP	MIAMI FL	
TITLE	SD	☐ DELETE
NAME	TOLL, RONNIE	
STREET ADDRESS	4550 S.W. 75TH AVE.	
CITY, ST, ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is correctly furnished and does not qualify for the exemption stated in Section 119.04(3)(a), Florida Statutes. I further certify that the information indicated on this annual report is supplemented and reported in 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 the corporation, the secretary or holder empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this filing or is an officer, director or holder.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/96

305-261-4733

CR2E034 (12/95)