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FROFIT **CORPORATION** ANNUAL REPORT 2000



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS Secretary of State 05-19-2000 90004 014 ***150.00

FILED

May 19, 2000 8:00 am

DOCUMENT #

Totura and Associates, Inc. 3635 Principal Place of Business Mailing Address P.O. BOX 100009 5710 N. Federal Huy. FT LAUDERDALE FL 33310 Ft. Lauderdale, FLU 33308 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 4-24-70 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-128738 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 TOTURA, DOUGLAS B Name 5110 N. Federal - Huy. Street Address (P.O. Box Number is Not Acceptable) Ft. Landerdole, FL 33308 83 84 11. Pursuant to the provisions 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, if the State of Bertion 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with and accept the collection 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIF_CTORS IN 12 12. 13. PD DELETE Change Addition TITLE 1.1 TITLE TOTURA, DOUGLAS B NAME 1 2 NAME 5110 N. Federal Huy. STREET ADDRESS 1.3 STREET ADDRESS Ft. Lauderdale, FL 33308 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP . DELETE Change TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-7IP Addition Change DELETE TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

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 many appears in Block 12 or Block 13 if changed, after an attachment with a process.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE 6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

L DELETE

Change

Addition