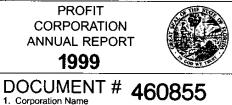
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name TOMTITUS, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90101 037 ***150.00



Principal Place of Business Mailing Address							il	
5132 TAMPA WEST BOULEVARD SUITE 110		5132 TAMPA WEST BO SUITE 110	5132 TAMPA WEST BOULEVARD SUITE 110					
TAMPA FL 33634-2409 TAMPA FL 33634-2409			1			DO NOT WRITE IN THIS SPACE		
US		US				3. Date Incorporated or Qualifed	- {	
2 Principal E	lace of Business	2- Mailine Address	2n Mailing Address			09/10/1974	4	
z. Fillicipal r	2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For		
Suite, Apt. #, etc.		Suite Apt # etc	Suite, Apt. #, etc.			59-1552122 Not Applicabl	e	
22		<u> </u>	27			5. Certificate of Status Desired Serviced Fee Required		
City & State		City & State				6 Flection Campaign Financing \$5.00 May Po	\exists	
23		28	28			Trust Fund Contribution Added to Fees		
Zip Country		Zip	Zip Country			8. This corporation owes the current year Intangible	\neg	
24 25		29				Personal Property Tax.		
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Registered Agent	4	
TITI	S, THOMAS H			81	Name			
11513 LAKE RIDE RD				82	Street Add	t Address (P.O. Box Number is Not Acceptable)		
	PA FL 33618			00				
** "				83		·		
				84	City	85 Zip Code	ᆌ	
11 Pursuant	to the provisions of Sections 607 05	02 and 607 1509. Florida St	latutas the a		namad sam	poration submits this statement for the purpose of changing its registered	_	
onice or r	egistered agent, or both, in the State	e of Florida. Such change wa	as authonzed	by	the corporation	ion's board of directors. I hereby accept the appointment as registered		
	m familiar with, and accept the obliga	ations of, Section 607.0505,	, Florida Stati	ites.	•			
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (1)	NOTE: Registered	Agen	t signature require	ed when reinstating) DATE	-	
12. OFFICERS AND						ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	\dashv	
TITLE	P DELETE 1.1		1.1 717	LE	Ţ	☐ Change ☐ Addition	חנ	
NAME	TITUS, THOMAS		1.2 NAME					
STREET ADDRESS	11513 LAKE RIDGE RD		1.3 ST	REET	ADDRESS		-	
CITY-ST-ZIP	TAMPA FL		1.4 CIT	Y-ST	-ZIP		1	
TITLE		☐ DELETE	2.1 TIT	LE		. Change 🗀 Addition	nc	
NAME			2.2 NA	ME		•		
STREET ADDRESS			2.3 ST	REET	ADDRESS		-	
CITY-ST-ZIP			2. 4 CI		r-ZIP		_	
TITLE		☐ DELETE	1			☐ Change ☐ Addition	'n	
NAME			3.2 NA		ļ			
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CI 4.1 TIT		- ZIP	Change Addition		
NAME		_ beleve	4.2 NA			Change Addition	"	
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			4.4 CIT		ADDRESS		-	
TITLE		☐ DELETE			- LIF	☐ Change ☐ Additio	'n	
NAME			5.2 NA					
STREET ADDRESS			5.3 STI	REET.	ADDRESS	·		
CITY-ST-ZIP			5.4 CIT	Y-ST-	-ZIP			
TITLE		☐ DELETE	6.1 TIT	.E		Change Additio	n	
NAME			6.2 NAJ	đΕ				
STREET ADDRESS			6.3 STF	EET/	ADDRESS		1	

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 as the receiver or trustee empoyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation Block 12 or Block 13 if charged, or

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP