

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 461367 (5)
1. Corporation Name
TOFIEL, INC.



Principal Place of Business: **6201 JOHNS ROAD STE 3 TAMPA FL 33634**
Mailing Address: **6201 JOHNS ROAD STE 3 TAMPA FL 33634**

3. Date Incorporated or Qualified: **09/18/1974**
3a. Date of Last Report: **04/17/1995**
4. FEI Number: **59-1525257**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

21	2. Principal Place of Business	2a	Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KEEGAN, JAMES T 6201 JOHNS ROAD STE #3 TAMPA FL 33634				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: _____ (NOTE: Registered Agent's signature to register with rendering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEEGAN, ELIZABETH	1.2 NAME	
STREET ADDRESS	13516 AVISTA DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33624	1.4 CITY-ST-ZIP	
TITLE	PT	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEEGAN, JAMES T	2.2 NAME	D/P
STREET ADDRESS	13516 AVISTA DRIVE	2.3 STREET ADDRESS	KEEGAN, JAMES T.
CITY-ST-ZIP	TAMPA, FL 33624	2.4 CITY-ST-ZIP	13516 AVISTA DRIVE
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	D
STREET ADDRESS		3.3 STREET ADDRESS	FRED REED
CITY-ST-ZIP		3.4 CITY-ST-ZIP	11205 MIST MOOR COURT
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	D/P/T/S
STREET ADDRESS		4.3 STREET ADDRESS	ROBERT DOHERTY
CITY-ST-ZIP		4.4 CITY-ST-ZIP	2716 CRESTFIELD DRIVE
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 as an attachment with an address.

SIGNATURE: _____ DATE: **4-26-96** DAYTIME PHONE #: **813-884-3249**

CR2E034 (12/95)