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**FILED**  
**Mar 23, 1999 8:00 am**  
**Secretary of State**

03-23-1999 90075 013 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 461367**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**09/18/1974**

4. FEI Number  
**59-1525257**

Applied For  
 Not Applicable

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

Zip Country

Zip Country

8. This corporation owes the current year intangible Personal Property Tax.  Yes  No

9. 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 **Robert C. Camarota**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**SAME**  
 83  
 84 City **FL** 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 *Robert C. Camarota* Vice President DATE **3/22/99**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**  DELETE  
 NAME **REED, FRED**  
 STREET ADDRESS **11205 MIST MOOR COURT**  
 CITY-ST-ZIP **RIVERVIEW FL**

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP  
*note deletion*

TITLE **D**  DELETE  
 NAME **KEEGAN, JAMES T**  
 STREET ADDRESS **13516 AVISTA DRIVE**  
 CITY-ST-ZIP **TAMPA, FL 33624**

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE **DP**  DELETE  
 NAME **KEEGAN, ELIZABETH**  
 STREET ADDRESS **13516 AVISTA DR**  
 CITY-ST-ZIP **TAMPA FL 33624**

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP  
*note deletion*

TITLE **DVST**  DELETE  
 NAME **CAMAROTA, ROBERT**  
 STREET ADDRESS **6201 JOHNS RD, STE 3**  
 CITY-ST-ZIP **TAMPA FL 33634**

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 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 name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert C. Camarota* President DATE **3/22/99** 813-884-3249

CR2E034 (11/98)