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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 520250 (2)

1. Corporation Name

TOKA IV CONSTRUCTION COMPANY, INC.



Principal Place of Business

151 SW 5TH CT.
POMPANO BEACH FL 33060

Mailing Address

151 SW 5TH CT.
POMPANO BEACH FL 33060

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

PASALODOS, DAMASO J.
151 SW 5TH CT.
POMPANO BEACH FL 33064

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 607.06(2) and 607.1508, Florida Statute, 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 607.06(5), Florida Statute.

SIGNATURE

Signature of person submitting this report to the Department of State

Signature of person submitting this report to the Department of State

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PASALODOS, JOSE
STREET ADDRESS 3820 NW 3RD TERRACE
CITY-STATE-ZIP POMPANO BEACH FL

VSD ☐ DELETE

NAME PASALODOS, DAMASO L.
STREET ADDRESS 3820 NW 3RD TERRACE
CITY-STATE-ZIP POMPANO BEACH FL

PSD ☐ DELETE

NAME PASALODOS, DAMASO J.
STREET ADDRESS 3820 NW 3RD TERRACE
CITY-STATE-ZIP POMPANO BEACH FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

14. I, the undersigned, certify that the information supplied in this filing is voluntarily furnished and does not comply with the exemption stated in Section 119.07(3)(g), Florida Statute. I further certify that the information indicated on this annual report or Supplemental and initial 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if change. I, or an authorized agent, with an address:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)