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

Mar 14 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # 608067 (5)TOBARI INC. Principal Place of Business Mailing Address 3161 W OAKLAND PARK BLVD 3181 W OAKLAND PARK BLVD OAKLAND FL 33311-1229 OAKLAND FL 33311 3. Date Incorporated or Qualified 3a. Date of Last Report 01/22/1979 02/22/1996 Applied For Principal Place of Business Mailing Address 4. FEI Number 59-1878139 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country This corporation has liability for intangible tax under s. 199.032. Zip Country Zip 24 25 29 30 Florida Statutes M Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KREITMAN, TOBI SUE 8013 NW 103 AVE. 82 Street Address (P.O. Box Number is Not Acceptable) TAMARAC FL 33321 83 84 City 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** Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) (96/6)12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE m DELETE 1.1 TITLE Change Addition KREITMAN, BARRY NAME 1.2 NAME 8013 NW 103 AVE. 1.3 STREET ADDRESS STREET ADDRESS TAMARAC FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change 2.1 TITLE Addition TITE F KRIETMAN, TOBI S. NAME 2.2 NAME 8013 NW 103 AVE. STREET ADDRESS 23 STREET ADDRESS TAMARAC FL CITY-ST-ZIP 2 4 City-St-ZiP DELETE TITLE 3.1 TITLE Change Addition NAME **3.2 NAME** STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE LNAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

2/10/01

6.4 CITY - ST - ZIP 14. I do 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 is frue and accurate and that my signature shall have the same legal effect as if made undor 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.

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

FILED