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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F61328

(3)

TOMAR OF PINELLAS, INC. Principal Place of Business Mailing Address 2705 54TH AVE N 2705 54TH AVE N ST PETERSBURG FL 33714 ST PETERSBURG FL 33714-1940 3. Date Incorporated or Qualified 3a. Date of Last Report 01/07/1982 03/07/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2146278 26 Not Applicable Suite Apt. # etu Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zic Country Country Zφ 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes 🚺 Yes 🔲 No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KWAK, JUNG O. 2705 54TH AVENUE NORTH Street Address (P.O. Box Number is Not Acceptable) 82 ST. PETERSBURG FL 33714 2705 83 84 City Zip Code 337/4 DETERSBURG 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 lamiliar with and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE: (NOTE: Registered Agent signature required when reinstating) d applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1/2 13. DELETE ☐ Change TITLE 1.1 TITLE Addition KWAK, JUNG O NAME 1.2 NAME KWAK, RO H. 2705 SYTH AVEN. STREET ADDRESS 2705 54TH AVENUE NORTH 1.3 STREET ADDRESS Til. ST. PETERSBURG FL DETERSBURG. CITY-ST-Z-P 1.4 CITY - ST - ZIP DELETE THLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIE 2 4 CITY - ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-7P 3.4. CITY - ST- ZIP DELETE TITLE 4.1 TITLE Channe Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIE 4.4 CITY - ST - ZIP DELETE TITLE Change Addition 5.1 TILLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIF 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

information indicated on this armual 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

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

SIGNATURE:

CITY - ST - ZII

appears in Block 12 or Block 13 if changed or on an attachment with an address

KWAK 415/87

(96/6)

FILED

Jan 27 1997 8:00am

Secretary of State