

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

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Jan 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F68554 (7) 1. Corporation Name TOMITA, INC.			
Principal Place of Business PARK PLAZA CANDY & FLOWER SHOPPE 307 PARK AVENUE SOUTH WINTER PARK FL 32789 US		Mailing Address 3402 NORTH GOLDENROD ROAD WINTER PARK FL 32792	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country	
9. Name and Address of Current Registered Agent LEWIS, ALBERT L 830 N. BUMBY AVENUE SUITE 120 ORLANDO FL 32803		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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 filed applicable) (NOT: registers, agent signature required when registering) DATE: _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP DP WILSON, SHARON L 4825 GORHAM AVENUE ORLANDO FL		11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP DS BARDER, JUANITA 3402 N. GOLDENROD ROAD WINTER PARK FL		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D BARDER, THOMAS A 3402 N. GOLDENROD ROAD WINTER PARK FL		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP ☐ Change ☐ Addition	
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.			
SIGNATURE: <u>Sharon L. Wilson</u>		SIGNATURE: <u>Sharon L. Wilson</u> 1/8/98 407-628-8518	

CR2E034 (10/97)