

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000001015 (7)

1. Corporation Name

THE TOI COMPANY OF CALIFORNIA



Principal Place of Business

Mailing Address

~~800 LINTON BLVD~~
~~STE 200H~~
~~DELRAY BCH FL 33444~~
~~US~~

2234 N. FEDERAL HWY.
SUITE 436
BOCA RATON FL 33431

2. Principal Place of Business

2a. Mailing Address

21 2234 N. Federal Hwy

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 436

27 Suite, Apt. #, etc.

23 City & State

28 City & State

Boca Raton, FL

24 Zip Country

29 Zip Country

33431

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/24/1993

3a. Date of Last Report

04/06/1995

4. FEI Number

65-0374108

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

SCHRAGO, SANDER
2234 N. FEDERAL HWY.
STE. 436
BOCA RATON FL 33431

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 607.0502 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 in printed name of registered agent and the date of signature. (If the Registered Agent signature is not typed, then the date of signature is required.)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DCPS	☐ DELETE
NAME	SCHRAGO, SANDER W	
STREET ADDRESS	2234 N. FEDERAL HWY., STE. 436	
CITY - ST - ZIP	BOCA RATON FL 33431	
TITLE	TVP	☐ DELETE
NAME	SCHRAGO, SANDER	
STREET ADDRESS	2234 N. FEDERAL HWY., STE. 436	
CITY - ST - ZIP	BOCA RATON FL 33431	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11.1 TITLE	☐ Change ☐ Addition
12. NAME	
13. STREET ADDRESS	
14. CITY - ST - ZIP	
21.1 TITLE	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. CITY - ST - ZIP	
31.1 TITLE	☐ Change ☐ Addition
32. NAME	
33. STREET ADDRESS	
34. CITY - ST - ZIP	
41.1 TITLE	☐ Change ☐ Addition
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	
51.1 TITLE	☐ Change ☐ Addition
52. NAME	
53. STREET ADDRESS	
54. CITY - ST - ZIP	
61.1 TITLE	☐ Change ☐ Addition
62. NAME	
63. STREET ADDRESS	
64. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE: *Sander Schrago* SANDER SCHRAGO Pres 430-96 407-272-5364
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)