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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90097 020 ***163.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000002138

1. Corporation Name
TOORICUM LTD., INC.

Principal Place of Business

ENPRO, 7 OLD PARK LANE
MAYFAIR, LONDON
ENGLAND W1Y 3LJ
UK

Mailing Address

ENPRO, 7 OLD PARK LANE
MAYFAIR, LONDON
ENGLAND W1Y 3LJ
UK

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/15/1998

2. Principal Place of Business

21 605 EAST ROBINSON STREET

Suite, Apt. #, etc.

22 SUITE 400

City & State

23 ORLANDO, FLORIDA

Zip

24 FL 32801

Country

25 USA

2a. Mailing Address

26 605 EAST ROBINSON STREET

Suite, Apt. #, etc.

27 SUITE 400

City & State

28 ORLANDO, FLORIDA

Zip

29 FL 32801

Country

30 USA

4. FEI Number

59-3495257

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☒

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

SHENOY, UDAY P
605 EAST ROBINSON STREET
SUITE 400
ORLANDO FL 32801

10. Name and Address of New Registered Agent

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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME ANSAR, MIAN D
STREET ADDRESS ENPRO, 7 OLD PARK LANE
CITY-ST-ZIP ENGLAND W1Y 3LJ

TITLE D ☐ DELETE

NAME ANSAR, ERIKA
STREET ADDRESS ENPRO, 7 OLD PARK LANE
CITY-ST-ZIP ENGLAND W1Y 3LJ

TITLE EV ☐ DELETE

NAME SHENOY, UDAY P
STREET ADDRESS 605 EAST ROBINSON STREET SUITE 400
CITY-ST-ZIP ORLANDO FL 32801

TITLE VS ☐ DELETE

NAME ANSAR, HANAH
STREET ADDRESS ENPRO, 7 OLD PARK LANE
CITY-ST-ZIP ENGLAND W1Y 3LJ

TITLE VS ☐ DELETE

NAME RUSHD, ASAD A
STREET ADDRESS ENPRO, 7 OLD PARK LANE
CITY-ST-ZIP ENGLAND W1Y 3LJ

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

APRIL 6, 1999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASAD RUSHD - VICE PRESIDENT/SECRETARY

Date Daytime Phone #