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Feb 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J49760 (8)

1. Corporation Name
TODD, INC.



Principal Place of Business 1280 N CONGRESS AVE #210 WEST PALM BEACH FL 33409 US	Mailing Address 1280 N CONGRESS AVE #210 WEST PALM BEACH FL 33409 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/31/1986	4. FEI Number 59-2770270	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23. Zip	28. Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
24. Country	29. Country	30. Country		

9. Name and Address of Current Registered Agent DOESBURG, TODD H 3640 N OCEAN DR APT PH-D SINGER ISLAND FL 33404		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 _____ DATE _____
Signature typed or printed name of registered agent and the applicant (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	1.1 TITLE	CP D
NAME	DOESBURG, TODD H	1.2 NAME	
STREET ADDRESS	3640 N OCEAN DR PH-D	1.3 STREET ADDRESS	
CITY-ST-ZIP	SINGER ISLD FL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	S D
NAME	DOESBURG, SUE L.	2.2 NAME	CRUZ, SUE L.
STREET ADDRESS	1981 HOLMAN DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	JUNO BCH. FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	T D
NAME	NEWMAN, JANET	3.2 NAME	NEUMANN, JANET
STREET ADDRESS	1090 FAIRVIEW LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SINGER ISLAND FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	VP
NAME		4.2 NAME	RUSSO, JOSEPH
STREET ADDRESS		4.3 STREET ADDRESS	5508 EAGLE LAKE DR
CITY-ST-ZIP		4.4 CITY-ST-ZIP	PALM BEACH GARDENS FL 33418
TITLE		5.1 TITLE	VP
NAME		5.2 NAME	MCCUTCHEON, MARY
STREET ADDRESS		5.3 STREET ADDRESS	11905 DONLIN DR
CITY-ST-ZIP		5.4 CITY-ST-ZIP	WELLINGTON FL 33414
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

SIGNATURE: *Janet Neumann* **JANET NEUMANN 1-27-98 561 689-0003**

CR2E034 (10/97)