

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

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Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90069 038 ***150.00

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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 # J49760

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

3. Date Incorporated or Qualified
12/31/1986

2. Principal Place of Business 21 3570 CONSUMER ST Suite, Apt. #, etc. 22 SUITE 6 City & State 23 RIVIERA BEACH FL Zip 24 33404 Country 25 PALM BCH	2a. Mailing Address 26 3570 CONSUMER ST Suite, Apt. #, etc. 27 SUITE 6 City & State 28 RIVIERA BEACH FL Zip 29 33404 Country 30 PALM BCH
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4. FEI Number
59-2770270 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 owes the current year Intangible Personal Property Tax. Yes No

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 Todd H. Doesburg, President DATE 2-9-99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	CPD	
NAME	DOESBURG, TODD H	
STREET ADDRESS	3640 N OCEAN DR PH-D	
CITY-ST-ZIP	SINGER ISLD FL	
TITLE	SD	
NAME	CRUZ, SUE L	
STREET ADDRESS	1981 HOLMAN DR.	
CITY-ST-ZIP	JUNO BCH. FL	
TITLE	TD	
NAME	NEUMANN, JANET	
STREET ADDRESS	1090 FAIRVIEW LANE	
CITY-ST-ZIP	SINGER ISLAND FL	
TITLE	VP	
NAME	RUSSO, JOSEPH	
STREET ADDRESS	5588 EAGLE LAKE DR	
CITY-ST-ZIP	PALM BEACH FL 33418	
TITLE	VP	
NAME	MCCUTCHEON, MARY	
STREET ADDRESS	11905 DONLIN DR	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	SD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	CRUZ, SUE L		
2.3 STREET ADDRESS	3640 N. OCEAN DR PH D		
2.4 CITY-ST-ZIP	SINGER ISLD FL		
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
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: Todd H. Doesburg, President DATE 4-5-99 DAYTIME PHONE # 561-844 8882

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)