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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996 J94037 **DOCUMENT #** 

(5)

TOMBACK REALTY, INC.

| TOMBACK REALTY, INC.     |                     |  |
|--------------------------|---------------------|--|
| ncipal Place of Business | Mailing Address     |  |
| 756 'A' NW 44TH ST       | 7756 'A' NW 44TH ST |  |

|                               |   |                                    |           |   |  |                             |             | /// SIBII IBBI     |
|-------------------------------|---|------------------------------------|-----------|---|--|-----------------------------|-------------|--------------------|
| Principal Place of            | f Business  | Mailing Address                    |           |   |  |                             |             |                    |
| 7756 'A' NW 44TH ST           |   | 7756 'A' NW 44TH ST                |           |   |  |                             |             |                    |
| SUNRISE FL 3                  |   | SUNRISE FL 33351                   |           |   |  |                             |             |                    |
| US                            |   | US                                 |           | <ol> <li>Date Incorporated or Qualified<br/>09/24/1987</li> </ol> |  | of Last Report<br>5/01/1995 |             |                    |
| 2. Principal Plac             | on of Rusinoss  | 2a. Mailing Address                |           |   | 4. FEt Number  |                             |             | oplied For         |
|                               | e or positioss  | 26                                 |           |   | 65-0051044   |                             |             | ot Applicable      |
| Suite, Apt. #,                | etc.  | Suite, Apt. #, etc.                |           |   | 5. Certificate of Status Desired   |                             | <b>~</b>    | Additional equired |
| City & State                  |   | City & State                       |           |   | 6. Election Campaign Financing   |                             |             | May Be             |
| 23                            |   | 28                                 |           |   | Trust Fund Contribution  |                             |             | to Fees            |
| Zip                           | Country   | Zip                                | Country   |   | 8. This corporation has liability for i  | iritangible tax (           | unders 1    | ,99.032,           |
| 24                            | 25  | 29                                 | 30        | <u></u>   | Florida Statutes Yes  10. Name and Address of New R  |                             | aent        |                    |
|                               | 9. Name and Address of Cur  | rent Registered Agent              | 81        | Name -  |  | A .                         |             |                    |
|                               | K, DONALD   |                                    | 82        |   | OMBACK, DONAL<br>dress IP.O. Box Number is Not Acceptate<br>D. SUN (156 LKS DR. N.                   | ile)                        |             |                    |
|                               | 179TH AVE   |                                    | 83        | -11-  | 208  |                             |             |                    |
| \$3-<br>TAMADA                | <del>C FL 33321</del> -   |                                    |           | 47  | <u> </u>   |                             | 85 Zp       | Code               |
|                               |   |                                    | 84        | CILAL   | RISE, FL.  | FL_                         |             | 322-               |
| or registere<br>familiar with | o the provisions of Sections 607.0<br>ad agent, or both, in the State of F<br>h, and accept the obligations of, S | Section 607.0505, Florida Statutes |           |   | oration submits this statement for the purant of directors. Thereby accept the apprair of directors. |                             | egistered : | agent. I am        |
| SIGNATURE _                   | Signature, typed or printed name of registered  | ago ii o o o o o o o               |           | ent signature requ  | pred when reinstating) ADDITIONS/CHANGES TO OFF  | DATE<br>FICERS AND S        | DIRECTO!    | RS IN 12           |
| 12.                           |   | AND DIRECTORS  DELETE              | 13.       |   | ► D √  |                             | ) Change    | Addition           |
| TITLE                         | DPV   | Descie                             | 1.2 NAME  | .   -   | TOMBACK. DONALD  |                             |             |                    |
| NAME                          | TOMBACK, DONALD<br>7530 NW 79TH AVE   |                                    |           | T ADORESS 4   | BODO SUNRISE LKS DR  | N. #2                       | 20          |                    |
| STREET ADDRESS                | TAMARAG FL  |                                    | 1.4 CITY  | SI-7IP  | SUNRISE , fl. 33322  |                             |             |                    |
| CITY-ST-ZIP                   | TAMANAGTE   | [7] DELETE                         | 2. 1 TITL |   |  |                             | ] Charge    | Addition           |
| TITLE                         |   | <b>—</b>                           | 2.2 NAM   | :   |  |                             |             |                    |
| NAME                          |   |                                    | 2.3 STRE  | ET ADDRESS  |  |                             |             |                    |
| STREET ADDRESS                |   |                                    | 2.4 CITY  | -ST-ZIP   |  |                             |             |                    |
| CITY-SI-ZIP<br>TITLE          |   | DELETE                             | 3. 1 TITL |   |  |                             | Change      | Addition           |
| NAME                          |   | - ·                                | 3.2 NAM   | E   |  |                             |             |                    |
| STREET ADDRESS                |   |                                    | 3.3. STR  | EET ADDRESS   |  |                             |             |                    |
| 1                             |   |                                    | 3.4 CITY  | - S1 - ZIP  |  | <del></del>                 | 7 (00.000   | □ Addition         |
| CITY-ST-ZIP                   |   | ☐ DELETE                           | 4. 1 TITL | €   |  | L                           | Change      | ☐ Addition         |
| NAME                          |   |                                    | 4.2 NAM   | ٤   |  |                             |             |                    |
| STREET ADDRESS                |   |                                    | 4.3 STR   | ET ADDRESS  |  |                             |             |                    |
| CITY-SI-ZIP                   |   |                                    | 4.4 CITY  | -ST-ZIP   |  | — г                         | Change      | ☐ Addition         |
| THLE                          |   | ☐ DELETE                           | 5. 1 TiT  | l k   |  | L.                          | _ c.ange    |                    |
| NAME                          |   |                                    | 5.2 NAN   |   |  |                             |             |                    |
| STREET ADDRESS                |   |                                    |           | EET ADDRESS   |  |                             |             |                    |
| CITY - ST - ZIP               |   |                                    |           | - ST - ZIP  |  |                             | Change      | Addition           |
| TITLE                         |   | ☐ DELETE                           | 6. 1 TIT  |   |  | L.                          | , 0,        |                    |
| NAME                          |   |                                    | 62 NA     |   |  |                             |             |                    |
| STREET ADDRESS                |   |                                    |           | EET ADDRESS   |  |                             |             |                    |
| 1                             |   |                                    | 6.4 CIT   | Y-ST-ZIP  |  |                             |             | 1.4                |

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 3 if changed, or on an attachment with an address.