

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

**FILED**  
**Mar 27 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # TOGA CORPORATION**  
 1. Corporation Name  
**60 THOMKA GAZDIK**  
**2945 SE ST LUCIE BLD**  
**STUART FL 34997**      **DOC # KD1195**

Principal Place of Business      Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11 02 1987</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0039665</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**FORTNER**  
**230 ROYAL PALM WAY**  
**PALM BEACH FL 33480**

**10. Name and Address of New Registered Agent**

81 Name **THOMKA-GAZDIK**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**2945 SE ST LUCIE BLD**  
 83  
 84 City **STUART** FL 85 Zip Code **34997**

11. Pursuant to the provisions of Sections 607.05(2) and 607.15(8) 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 607.05(5), Florida Statutes.

SIGNATURE: *Julian Thomka Gazdik*      **Feb. 27 1998**

**12. OFFICERS AND DIRECTORS**

TITLE **DPS**       DELETE  
 NAME **JULIAN THOMKA GAZDIK**  
 STREET ADDRESS **2945 SE ST LUCIE BLD STUART**  
 CITY-ST-ZIP **FL 34997**

TITLE       DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE       DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE       DELETE  
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 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**

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

**900002472899**  
**-03/31/98--01018--026**  
**\*\*\*158.75**

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

SIGNATURE: *Julian Thomka Gazdik*      **Feb. 27 1998 561 223 8084**

CR2E034 (10/97)