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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999

3030 NORTH ROCKY POINT DRIVE. WEST



FLORIDA DEPARTMENT OF STATE

FILED

Feb 18, 1999 8:00am

Secretary of State

02-18-1999 90082 015 ***150.00

Katherine Harrls

Secretary of State DIVISION OF CORPORATIONS

3030 NORTH ROCKY POINT DRIVE. WEST

DOCUMENT # K37019

Principal Place of Business

SUITE 280

TONER COMMUNICATIONS, INC.

TAMPA FL 336	07-5902	TAMPA FL 33607-5902			DO NOT WRITE IN THIS SPACE				
US		US			3. Date Incorporated or Qualifed 09/22/1988	i			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		An	plied For
21		26				59-2922687		<u> </u>	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						\$8.75	
22		27				5. Certificate of Status Desired		Fee Re	quired
City & Stat	e	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution	. 🗆	Added	•
Zip	Country	Zip	Country			8: This corporation owes the cu	rrent year Inta	ngible	
24	25	29 3	0			Personal Property Tax.		Yes	□No
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New	Registered A	gent	
				81 Name					
TONER, STEPHEN J.				82 Street Address (P.O. Box Number is Not Acceptable)					
3030	ROCKY POINT DRIVE, WEST		62 Su		eet Addres	ss (F.O. Box Number is Not Accep	labia)		
SUIT	E 280		8:	3	• 0				
TAM	PA FL 33607		84	4 Cit	у			85 Zip (Code
					-				
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auti	norized by	y the c	ned corpor corporation	ration submits this statement for the i's board of directors. I hereby acco	e purpose of o	changing its tment as re	registered gistered
SIGNATURE	Charten Land as printed warms of registered gas	nt and title if applicable (NOTE: 9)	opictored Ap	ont signs	ture required u	when reinstating)	DATE		·
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent and title if applicable.) 12. OFFICERS AND DIRECTORS			13.	gistered Agent signature required		ADDITIONS/CHANGES TO O		DIRECTO	RS IN 12
TITLE	PD	□ DELETE	1.1 TITLE			7.551110110701111102011010		Change	Addition
NAME	TONER, STEPHEN J		1.2 NAME						_
	3030 NORTH ROCKY POINT D	NDIVE W STE 280	1.3 STREE		Ecc				
STREET ADDRESS		MIVE W., 31L 200	1		E33				
CITY-ST-ZIP	TAMPA FL 33607-5902 ST	DELETE	1.4 CITY-			L. ILIUM.		Change	Addition
TITLE			2.1 TITLE	2.1 IIILE 2.2 NAME				[_] origingo	
NAME	THE MOSTIL BOOKS BOILT BRIDE MY OFF SEE			2.2 NAME 2.3 STREET ADDRESS		•			
STREET ADDRESS		MIVE W., SIE 200			ESS .				•
CITY-ST-ZIP				2.4 CITY-ST-ZIP 3.1 TITLE				Change	Addition
TITLE								onungo	
NAME				3.2 NAME					
STREET ADDRESS	•		3.3 STREET ADDRESS		ESS				
CITY-ST-ZIP	□ DELETE			3.4. CITY-ST-ZIP				Change	Addition
TITLE	DELETE		4.1 TITLE					change	Addition
NAME			4, 2 NAME						
STREET ADDRESS			4.3 STREE	et ador	ESS				
CITY-ST-ZIP			4.4 CITY-						
TITLE		☐ DELETE	5.1 TITLE		·			☐ Change	☐ Addition
NAME			5.2 NAME	-				•	
STREET ADDRESS			5.3 STREE		ESS				
CITY-ST-ZIP			5.4 CITY-			-4+6			
TITLE		☐ DELETE	6.1 TITLE					Change	Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE	ET ADDR	ESS				
CITY-ST-ZiP			6.4 CITY-	ST-ZIP					
	ertify that the information supplied w	th this filing does not qualify for th	e evemn	tion st	ated in Se	ction 119 07(3)(i). Florida Statutes	I further cert	fy that the i	nformation

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 applications with an address, with all other like empowered. SIGNATURE: