FILE NOW: FILING FEE AFTER MAY 1 IS $[illegible]

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY 10 AM 10: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K48915 (8)

1. Corporation Name
TOFUN, INC.

Principal Place of Business:
% JON H. BARBER
7455 38TH AVENUE NORTH
ST PETERSBURG FL 33710

Mailing Address:
% JON H. BARBER
7455 38TH AVENUE NORTH
ST PETERSBURG FL 33710

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business — 21 — 22 Suite, Apt. #, etc. — 23 City & State — 24 Zip — 25 Country

2a. Mailing Address — 26 — 27 Suite, Apt. #, etc. — 28 City & State — 29 Zip — 30 Country

3. Date Incorporated or Qualified: 12/02/1988

3a. Date of Last Report: 04/26/1994

4. FEI Number: 59-2820142 ☐ 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 has liability for intangible tax under S. 199.032 Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

EBADI, SAMAD A.
6640 54TH AVENUE NORTH
ST. PETERSBURG FL 33709

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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SHAMSI, AHMAD
STREET ADDRESS	11397 116TH AVENUE NORTH
CITY-ST-ZIP	LARGO FL
TITLE	D
NAME	EBADI, SAMAD A.
STREET ADDRESS	7518 35TH AVENUE NORTH
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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)(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: (D) Samad A. Ebadi — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 5/5/95 DATE — DAYTIME PHONE

0309382 CP