

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K54144

(6)

1. Corporation Name
TOCO TOUCAN, INC.

FILED
97 SEP 26 11 09 AM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1700 W. NEW HAVEN
% PUPPIES PLUS
MELBOURNE FL 32904
US
1805 CANOVA ST
SUITE 7
PALM BAY FL
32909
Mailing Address
1700 W. NEW HAVEN
% PUPPIES PLUS
MELBOURNE FL 32904-3910
US
DAME

3. Date Incorporated or Qualified
12/28/1988
3a. Date of Last Report
05/01/1996

2. Principal Place of Business
21 1805 CANOVA ST
Suite, Apt. #, etc.
22 7
City & State
23 PALM BAY F
Zip
24 32909
Country
25 BREVMW
2a. Mailing Address
26 1805 CANOVA ST
Suite, Apt. #, etc.
27 7
City & State
28 PALM BAY FL
Zip
29 32909
Country
30 BREVMW

4. FEI Number
54-1284890
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
BUTTERWORTH, TERRENCE R.
% PUPPIES PLUS
1700 W. NEW HAVEN AVE.
MELBOURNE FL 32904
10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 1805 CANOVA ST #7
84 City
PALM BAY
85 Zip Code
FL 32909

11. Pursuant to the provisions of Sections 607.050 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 607.0509, Florida Statutes.
SIGNATURE
9/20/97

12. OFFICERS AND DIRECTORS
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
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 do 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.
SIGNATURE
9/20/97 407 9510099

CR2E034 (9/96)