

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K59977 (4)

1. Corporation Name
TOCHNER CORPORATION



Principal Place of Business Mailing Address
138 N. COUNTY RD. PALM BEACH FL 33480 US

3. Date Incorporated or Qualified **01/18/1989** 3a. Date of Last Report **01/20/1995**

2. Principal Place of Business
21 **885 FATHOM RD** 25 Suite, Apt. #, etc
22 City & State **NORTH PALM BEACH, FL** 23 Zip **33408** 24 Country **US**
25
26 **885 FATHOM RD** 27 Suite, Apt. #, etc
28 City & State **NORTH PALM BEACH, FL** 29 Zip **33408** 30 Country **US**

4. FEI Number **65-0095458** 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
**MAX TOCHNER
138 NO. COUNTY RD.
PALM BEACH FL 33480**

10. Name and Address of New Registered Agent
81 Name **MAX TOCHNER**
82 Street Address (P.O. Box Number is Not Acceptable) **885 FATHOM RD**
83
84 City **NORTH PALM BEACH** FL 85 Zip Code **33408**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 **MAX TOCHNER, PRESIDENT** *Max Tochner* 4/21/96
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PVD	<input type="checkbox"/>
NAME	TOCHNER, MAX	
STREET ADDRESS	138 N. COUNTY ROAD	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	V	<input type="checkbox"/>
NAME	TOCHNER, PAUL	
STREET ADDRESS	138 N COUNTY ROAD	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	ST	<input type="checkbox"/>
NAME	TOCHNER, MAX	
STREET ADDRESS	138 N COUNTY ROAD	
CITY-ST-ZIP	PALM BEACH FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	885 FATHOM RD		
1.4 CITY-ST-ZIP	NORTH PALM BEACH, FL 33408		
2.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS	885 FATHOM RD		
2.4 CITY-ST-ZIP	NORTH PALM BEACH, FL 33408		
3.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS	885 FATHOM RD		
3.4 CITY-ST-ZIP	NORTH PALM BEACH, FL 33408		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 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)(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 13 if changed, or on an attachment with an address.

SIGNATURE: *Max Tochner, Pres.* **MAX TOCHNER** 4/21/96 407-626-4980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)