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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K68063 1. Corporation Name

FILED Apr 07, 1999 8:00 am Secretary of State

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| TOOTIL | CORP. | | | | | | | | | |
|---|--|------------|--|---|--|--|---|---------------|--------------|-------------------------------|
| Principal Place | e of Business | Ma | ailing Address | | | | | B1811 81811 8 | | ii 613 14 1 001 |
| 114 S.E. NARANJA AVE. PORT ST. LUCIE FL 34983 US | | 114 PO | 114 S.E. NARANJA AVE. PORT ST. LUCIE FL 34983 US | | | | DO NOT WRITE IN THI | S SPACE | | |
| | | US | | | | | 3. Date Incorporated or Qualifed | | | |
| | | | | | | | 02/20/1989 | | | |
| 2. Principal Pl | lace of Business | 2a. | Mailing Address | | | | 4. FEI Number | | | ied For |
| 21 | | 26 | | - | | | 65-0216847 | | | Applicable |
| Suite, Apt. | #, etc. | 27 | Suite, Apt. #, etc. | | ٠ . | | -5Certifcate of Status Desired | | 5 Ad Requ | ditional uired |
| City & State | e | | City & State | | | | 6. Election Campaign Financing | \$5. | 00 м | lay Be |
| 23 | | 28 | | | | | Trust Fund Contribution | Add | led to | Fees |
| Zip | Country | | Zip | Cou | ntry | | 8. This corporation owes the current year l | | _ | _ |
| 24 | 25 | 29 | | 30 | | | Personal Property Tax. | Yes | | No |
| | 9. Name and Address of Curre | ent Regis | tered Agent | | | | 10. Name and Address of New Registered | I Agent | | |
| | 40 1005 | | | | 81 | Name | | | | |
| | ao, jose Se naranja ave | | | | 82 | Street Add | dress (P.O. Box Number is Not Acceptable) | | | |
| POR | T ST. LUCIE FL 34983 | | | : | 83 | | , | | | |
| | | | | • | 84 | City | F. | 85 | Zip Co | ode |
| Office or r | registered agent, or both, in the State m familiar with, and accept the oblig | e of Horic | ia. Such change was a | urnonzec | יעם נ | the corborat | poration submits this statement for the purpose clion's board of directors. I hereby accept the app | ointment a | s regi | stered |
| SIGNATURE | | | | | | | DATE | | | |
| | Signature, typed or printed name of registered at | | if applicable. (NOTE | : Registered | | | red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS / | ND DIRE | CTOR | |
| 12. | OFFICERS A | | if applicable. (NOTE | : Registered | Agen | | red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A | ND DIRE | | S IN 12 |
| 12. | OFFICERS A | | if applicable. (NOTE | 13. | Agen | | | | | |
| 12. TITLE NAME | OFFICERS A DPST ARNAO, JOSE | | if applicable. (NOTE | 13. 1.1 TI 1.2 No | I Agen TLE AME | nt signature requir | | | | |
| 12. TITLE NAME STREET ADDRESS | OFFICERS A DPST ARNAO, JOSE 114 S.E. NARANJA AVE. | | if applicable. (NOTE | 13. 1.1 TI 1.2 No 1.3 ST | TLE AME | nt signature requir | | | | |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS A DPST ARNAO, JOSE | | if applicable. (NOTE | 13. 1.1 TI 1.2 No 1.3 ST | TLE AME TREET | nt signature requir | | | nge | |
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14. I 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, with all other like empowered.

SIGNATURE:

JIRENTOSE M. ARNAO 03-10-99