

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Apr 05 1996 8:00 am
Secretary of State

DOCUMENT # **K88006** (7)
1. Corporation Name
CAROLINA TOZZI, INC.



Principal Place of Business: **% ATTORNEYS CORPORATE SERVICES, INC. 1825 CORAL WAY MIAMI FL 33145**
Mailing Address: **% ATTORNEYS CORPORATE SERVICES, INC. 1825 CORAL WAY MIAMI FL 33145**

2. Principal Place of Business: 21 State, Apt. #, etc.: 22 City & State: 23 Zip: 24 County: 25
2a. Mailing Address: 26 State, Apt. #, etc.: 27 City & State: 28 Zip: 29 County: 30

3. Date Incorporated or Qualified: **05/15/1989**
3a. Date of Last Report: **01/30/1995**
4. FCI Number: **65-0125023**
5. Certificate of Status Degree: **X** \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. The corporation has liability for tangible tax under s. 199.032, Florida Statutes: Yes No
10. Name and Address of New Registered Agent

g. Name and Address of Current Registered Agent
ATTORNEYS CORPORATE SERVICES, INC. 1825 CORAL WAY MIAMI FL 33145

81 Name: **John Lukacs**
82 Street Address (P.O. Box Number is Not Acceptable): **1825 Coral Way**
83 City: **Suite 102**
84 City: **Miami,** 85 Zip Code: **FL 33145**

11. Pursuant to the provisions of Sections 609.05 and 609.1401, 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. The change is effective as of the date of this filing, or the date specified in the attached resolution, Florida Statutes.

SIGNATURE: *[Signature]* **John Lukacs** **MAR 19 1996**

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETED
NAME	TOZZI, DOTHY	
STREET ADDRESS	1901 BRICKELL AVE # 409B	
CITY - ST - ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETED
NAME	TOZZI, CAROLINA	
STREET ADDRESS	1901 BRICKELL AVE 409B	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 NAME	
22 STREET ADDRESS	
23 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 NAME	
32 STREET ADDRESS	
33 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 NAME	
42 STREET ADDRESS	
43 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 NAME	
52 STREET ADDRESS	
53 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 NAME	
62 STREET ADDRESS	
63 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this report is true and correct, and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of this corporation or its registered office, and that my name appears in Block 12 or Block 13 of this report as required by Chapter 307, Florida Statutes, and that my name

SIGNATURE: *[Signature]* **3-27-96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)