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

FILED Apr 20 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # L62189 (0)TOKW, INC. Principal Place of Business Mailing Address C/O KENT J. HENRY C/O KENT J. HENRY BOS DUVAL STREET 806 DUVAL STREET KEY WEST FL 33040 DO NOT WRITE IN THIS SPACE KEY WEST FL 33040 3. Date Incorporated or Qualified 03/29/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0198653 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional X 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Ζıρ Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HENRY, KENT J **806 DUVAL STREET** Street Address (P.O. Box Number is Not Acceptable) 82 KEY WEST FL 33040 **B3** 84 City 85 Zip Code is 607 0502 and 607. 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered the holigations of, Section 607.0505, Florida Statutes. 11. Pursuant to the proffice or register agent I am fa ered Agont signature required when reinstating) OFFICERS AND DIRECTORS 12 13, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE HENRY, KENT J. NAME 1.2 NAME **806 DUVAL STREET** STREET ADDRESS 13 STREET ADDRESS KEY WEST FL CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETE 2 1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CHTY - ST - ZIP 2. 4 CiTY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 THILE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST-ZIP CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE THE NAME 6.2 NAME

SIGNATURE:

14. Thereby certify that the information supplied indicated on this annual report or supplyine officer or director of the corporation or the re Block 12 or Block 13 if changed, og 1 in all pages.

STREET ADDRESS

KENT J. HEARY

6.3 STREET ADDRESS

floes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an e-empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

305-292-1120