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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000004746

1. Corporation Name

FRIENDS OF TOBY FOUNDATION, INC.

Principal Place of Business
2500 AQUA VISTA BOULEVARD
FORT LAUDERDALE FL 33301

Mailing Address
2500 AQUA VISTA BOULEVARD
FORT LAUDERDALE FL 33301



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/14/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 52-2116177	
22		27		Applied For Not Applicable	
23		28		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		Trust Fund Contribution	

9. Name and Address of Current Registered Agent

OLSEN, ALAN J
2500 AQUA VISTA BOULEVARD
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Alan J. Olsen
Signature, typed or printed name of registered agent and title if applicable.

Alan J. Olsen
(NOTE: Registered Agent signature required when reinstating)

1/5/99
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	Director - President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	Alan J. Olsen
STREET ADDRESS		1.3 STREET ADDRESS	2500 Aqua Vista Blvd.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Director - V.P. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Derek Olsen
STREET ADDRESS		2.3 STREET ADDRESS	2500 Aqua Vista Blvd.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Director - Sec. Treas. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Deanna Morgan
STREET ADDRESS		3.3 STREET ADDRESS	2500 Aqua Vista Blvd.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Tobias Forrest
STREET ADDRESS		4.3 STREET ADDRESS	2500 Aqua Vista Blvd.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address, with all other like empowered.

SIGNATURE: Alan J. Olsen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99 9545243171
Date Daytime Phone #

CR2E037 (1/98)