P36894

FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 FEB 21 AM 9:04

#2/21

DOCUMENT # P36894

1. Corporation Name
TOGRAM LTD. CO.

Principal Place of Business | Mailing Address

2. Principal Place of Business 21 7601 E. TREASURE DR Suite, Apt. #, etc. 22 # 420 City & State 23 NO. BAY VILLAGE FL Zip 24 33141 Country 25 USA	2a. Mailing Address 26 7601 E. TREASURE DR Suite, Apt. #, etc. 27 # 420 City & State 28 NO. BAY VILLAGE, FL Zip 29 33141 Country 30 USA

3. Date Incorporated or Qualified: 1991
3a. Date of Last Report: 1996

4. FEI Number: 51-0260585 ☐ 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	10. Name and Address of New Registered Agent
MARGOT NORTON 7601 E. TREASURE DR. # 420 NO. BAY VILLAGE FL. 33141	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: MARGOT NORTON MARGOT NORTON FEB 18, 1997
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DAVID R.L. NORTON	1.2 NAME	
STREET ADDRESS	7601 E TREASURE DR #420	1.3 STREET ADDRESS	300002096043--8
CITY-ST-ZIP	NO. BAY VILLAGE, FL. 33141	1.4 CITY-ST-ZIP	-02/25/97--01002--005 ****165.00 ****165.00
TITLE	SECRETARY ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	JAMES T. CANNON	2.2 NAME	
STREET ADDRESS	TWO MILL ROAD, Suite 102	2.3 STREET ADDRESS	
CITY-ST-ZIP	WILM., DE. 19806	2.4 CITY-ST-ZIP	
TITLE	TREASURER ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MARGOT NORTON	3.2 NAME	
STREET ADDRESS	7601 E. TREASURE Dr. # 420	3.3 STREET ADDRESS	
CITY-ST-ZIP	NO. BAY VILLAGE, FL. 33141	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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.

SIGNATURE: MARGOT NORTON MARGOT NORTON FEB 18, 1997 305 865-8803
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #