

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

CORPORATION
ANNUAL REPORT
1995



DEPARTMENT OF STATE
Secretary of State
TALLAHASSEE, FLORIDA
MAY 1, 1995 - APRIL 30, 1996

41-14-50
10-10-35

DOCUMENT # P93000004328 (9)

1. Corporation Name

TOVACO, INCORPORATED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Primary Office Address	Business Address		
203 SOUTH LAKE TRAIL PALM BEACH FL 33480	203 SOUTH LAKE TRAIL PALM BEACH FL 33480		
2. This is my true name:			
<input checked="" type="checkbox"/>	26. Mailing Address		
<input checked="" type="checkbox"/>	26.		
State: Apt. # or	27. Suite: Apt. # or:		
22. City & State	27. City & State		
24. Country	28. Zip	Country	
24.	25.	29.	30.

(DO NOT WRITE IN THIS SPACE)	
3. Date Incorporated or Organized	3a. Date of Last Report
01/13/1993	11/18/1994
4. D.U.I. Number	Applied For
65-0387763	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S-199-032 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ANDERSON, WILLIAM S 203 SOUTH LAKE TRAIL PALM BEACH FL 33480		81. Name	
		82. Street Address (P.O. Box Number if Not Acceptable)	
		83.	
		84. City	FL 85. Zip Code

11. Pursuant to the provisions of Article IV, Section 10(a) of the Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent or place of doing business in the State of Florida. No change was authorized by the corporation's Board of Directors, therefore accept this appointment as registered agent and familiar with all corporate requirements of the Florida Statutes.

SIGNATURE

12. OFFICER(S), AND DIRECTOR(S)		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1994	
NAME	D LEIDESDORF, TOVA 203 SOUTH LAKE TRAIL PALM BEACH FL 33480	13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		13. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, STATE, ZIP		13. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		13. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, STATE, ZIP		13. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		13. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, STATE, ZIP		13. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY, STATE, ZIP		13. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		13. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, STATE, ZIP		13. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I declare, under penalty of perjury, that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 110(7)(g) Florida Statutes. I further certify that the information indicated on the 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 this corporation or the incisor or trustee empowered to execute the report as required by Chapter 117 Florida Statutes and that my name appears in Block 12 or Block 13 of Chapter 117 Florida Statutes and an address.

SIGNATURE: *Tova D. Leidesdorf* / 124-95 4098322335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR