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

Mailing Address

SUITE 2102

26

27

28

29

Zip

21150 POINT PLACE

AVENTURA FL 33180

2a, Mailing Address

City & State

Suite, Apt. #, etc.

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Country

81

82

83 84 City

30

DOCUMENT # P93000013003

Country

9. Name and Address of Current Registered Agent

25

215 N. FEDERAL HIGHWAY

1. Corporation Name

Principal Place of Business

Principal Place of Business

BAGAN, EARL S

DANIA FL 33004

21150 POINT PLACE

AVENTURA FL 33180

Suite, Apt. #, etc.

City & State

SUITE 2102

21

22

23

24

12

Zip

THE TOLI COMPANY, INC.

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (11/98 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 __ DELETE TITLE 1.1 TITLE HARPER, LINDA S NAME 1.2 NAME 21150 POINT PLACE, SUITE 2101 STREET ADDRESS 1.3 STREET ADDRESS AVENTURA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITI F Change 2.1 TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-7IP 2.4 CITY-ST-ZIP TITLE ☐ DELETE 3.1 TITLE ☐ Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE ☐ Change ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CiTY-ST-ZIP 4.4 CITY-ST-ZIP □ DELETE TITLE 5.1 TITLE ☐ Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP ☐ DELETE TITLE Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90127 013 ***150.00

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 02/19/1993 4. FEI Number Applied For 65-0389944 Not Applicable \$8.75 Additional 5. Certifcate of Status Desired П Fee Required \$5.00 May Be 6. Election Campaign Financing \Box Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. □No 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 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