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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

P93000022544 (9)

TOM ASSOCIATES, INC.

Principal Place of Business Mailing Address 9356 FOX TROT LANE 9356 FOX TROT LANE **BOCA RATON FL 33496** BOCA RATON FL 33496 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/22/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0400819 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Ζip Country Country 8. This corporation owes or has paid the current year Intangible Yes Yes No. 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 RUNGE, DEBORAH A 9356 FOX TROT LANE Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33496** 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE Change RUNGE, DEBORAH A NAME 1.2 NAME **CR2E034** 9356 FOX TROT LANE STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** CITY - ST- ZIP 1.4 CITY - ST - ZIP DELETÉ Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP ☐ DELETE Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS

14. I hereby certify that the Information supplied with this tilling 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 adjects.

3,4, CITY-ST-ZIP

4.3 STREET ADDRESS 4.4 CTY - ST - ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY - ST - ZIP

CITY-ST-ZIP TITLE

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1/12/98 (56) 852-7473

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Jan 23 1998 8:00am

Secretary of State