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

PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000028018 (8)

TOVIC ENTERPRISES, INC.

## FILED May 01 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							
954-B COUNTRY CLUB BLVD							
US		FORT MYERS FL 33907	ITP., OIL. IV		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
a Delegate of	Place of Business	1 2 November Addition			04/15/1993	<del></del>	
	Place of Business	2a. Mailing Address	<del>-</del> -J		4, FEI Number	Applied For	
Suite, Ap	t #. etc.	Suite, Apt. #, etc.			65-0402528	Not Applicable \$8.75 Additional	
	COUNTRY CLUB'BLU				5. Certificate of Status Desired	Fee Required	
City & Sta	ale	City & State	City & State		6. Election Campaign Financing \$5.00 May Be		
23		[28]	28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	f	8. This corporation owes or has paid the cu		
24	[25]	29	30		Personal Property Tax due June 30.	Yes No	
	g, Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Registered	Agent	
	OYSTON, ROBERT D JR.		Ľ.	INCHE			
	OSTELLO, SIMS & ROYSTON		82	Street Add	dress (P.O. Box Number is Not Acceptable)		
	2670 NEW BRITTANY BLVD. #101		83				
P	ORT MYERS FL 33907						
			84	City	FL	85 Zip Code	
office or agent. I	registered agent, or both, in the State am familiar with, and accept the oblig	of Florida, Such change was a	authorized by	vithe corpora	rporation submits this statement for the purpose calion's board of directors. I hereby accept the ap	or changing its registered pointment as registered	
SIGNATURE	Signature, typed or printed name of registered an	crul and title if applicable (NO1)	E Registered Age	ent signature requ	uired when reinstating) DATE	<del></del>	
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12	
TITLE	PT	DELETE	1.1 TITLE			Change Addition	
NAME	MCKINNEY, THOMAS		1.2 NAME	Ì		0.5	
STREET ADDRESS	,		1.3 STREET	ADDRESS /	3751 DOWNING LANE FT. MYERS, FL 33	ر- بــــــــــــــــــــــــــــــــــــ	
CITY-ST-ZIP	-CAPE-CORAL-FL-		1.4 CITY - S	iT-ZIP	FT. MYERS, FL 33	1919	
TITLE	VPS	☐ DELETE	2.1 TITLE		•	Change Addition	
NAME	GOSNELL, JOHN		2.2 NAME				
STREET ADORESS	,		2.3 STREET	ADDRESS	2	22012	
CITY-ST-ZIP	FT MYERS FL	- Inchese	2.4 CITY-	S1 - ZIP		3913	
TITLE		☐ DELETE	3.1 THILE	1		Change Addition	
NAME			3.2 NAME				
STREET ADDRESS	;		3.3 STREET				
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - 1 4.1 TITLE	ST- ZIP		Change Addition	
NAME		בין טבניוני	4, 2 NAME				
		•	4,3 STREET	1			
STREET ADDRESS CITY-ST-ZIP			4.3 STREET				
TITLE		DELETE	51 TITLE	1-51		Change Addition	
NAME			5 2 NAME	}			
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY - S				
TITLE		DELETE	6.1 TITLE			Change Addition	
NAME			6.2 NAME				
STREET ADDRESS	: ]		6.3 STREET	ADDRESS			
CITY-ST-ZIP	2		6.4 CITY-S	;T-ZIP			
	certify that the information supplied v	with this filing does not qualify for			n Section 119 07(3)(i) Florida Statutes, Liudher o	ertify that the information	

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 frustee 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.

IONATURE // 1000 CONTROL 19 T M V 1/2 1 1 A 1 27 199V GULEQUE 231