

ANNUAL REPORT
1995



Florida Department of
REVENUE
DIVISION OF CORPORATIONS

FILED

95 MAY -1 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000073081 (0)

1. Corporation Name
TONI PRODUCTS, INC.

Principal Place of Business Mailing Address
221 S.E. 29TH TERRACE 221 S.E. 29TH TERRACE
CAPE CORAL FL 33904 CAPE CORAL FL 33904

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/20/1993 3a. Date of Last Report 05/01/1994

4. FEI Number 65-0444716 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

9. This corporation has liability for intangible tax under S. 100.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMICO, ANGELO P
221 S.E. 29TH TERRACE
CAPE CORAL FL 33904

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 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 DP
NAME AMICO, ANGELO P
STREET ADDRESS 221 S.E. 29 TERR
CITY - ST - ZIP CAPE CORAL FL 33904
TITLE DV
NAME AMICO, FRANCINE
STREET ADDRESS 221 S.E. 29 TERR
CITY - ST - ZIP CAPE CORAL FL 33904
TITLE DST
NAME AMICO, SUSAN
STREET ADDRESS 623 AVENUE M
CITY - ST - ZIP BROOKLYN NY 11230
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1 1 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
2 1 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
3 1 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
4 1 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
5 1 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
6 1 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ANGELO P Amico Angelo P Amico 4/26/95 (93) 337-1771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Type Name)