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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000073081

TONI PRODUCTS, INC.

## **FILED** Feb 17, 1999 8:00am **Secretary of State**

02-17-1999 90005 031 \*\*\*150.00



Principal Place of Business Mailing Address						i inditen in inian zuer aner aner an	(1) 89111 186	19 11111 00101	1918) 1181 1881	
221 S.E. 29TH TERRACE CAPE CORAL FL 33904  221 S.E. 29TH TERRACE CAPE CORAL FL 33904						DO NOT WRITE II	N THIS S	PACE	•	
							3. Date Incorporated or Qualifed			
							10/20/1993			
2. Principal Pla	ace of Business	2a. 1	Mailing Address				4. FEI Number		Ap	pplied For
21		26				_	65-0444716		_ No	ot Applicable
Suite, Apt. #	, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	1	\$8.75	II
22		27					C. Octandate of Classes 200%			equired
City & State City & State			City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
23		28					Trust Fund Contribution	<del></del>		to Fees
Žip	Country	_ L_	Zip	Cou	ntry		8. This corporation owes the current		ngible □Yes	□No
24	25	29		30	_		Personal Property Tax.  10. Name and Address of New Regi			
	9. Name and Address of Curre	nt Registe	red Agent		81	Name	to. Name and Address of New Iveg.	attitus m	<del>,,,,,</del>	
ANIC	O ANGELO P	-	. ,		٥.				·	
AMICO, ANGELO P 221 S.E. 29TH TERRACE					82 Street Address (P.O. Box Number is Not Acceptable)			)·		,
	CORAL FL 33904				83		1	24 1	74,4	110 2 1 1 1 1 3 1
OAL	COIDE IE 30304							11.14.14	4314 160	
					84	City		FL	85 Zip	Code
office or re agent. I an	egistered agent, or both, in the Statent familiar with, and accept the oblig	ations of, S	Section 607.0505, Flo	orida Stati	utes		oration submits this statement for the pur on's board of directors. I hereby accept the	DATE	ment as re	gistered
	Signature, typed or printed name of registered at OFFICERS A			13.	Ago	it signature roquire	ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	ORS IN 12
TITLE	DP OF TOUR P	THE BITTLE	☐ DELETE	1.1 TC	ΓLE		SE 60 1 /2 10		Change	· ☐ Addition
NAME	AMICO, ANGELO P			1.2 N	ME					Į
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CITY-ST-ZIP	CAPE CORAL FL 33904			1,4 CI	TY-S	T- ZIP				
TITLE	DV	4	☐ DELETE	2.1 TI	TLE		· · · · · ·		Change	☐ Addition
NAME	AMICO, FRANCINE			2.2 N	AME					
STREET ADDRESS	221 S.E. 29 TERR			2.3 S	REE	T ADDRESS				
CITY-ST-ZIP	CAPE CORAL FL 33904			2.4 C	ITY-S	ST-ZIP				
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NAME	AMICO, SUSAN			3.2 N	AME	1				
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NAME .				4.21	IAME					
STREET ADDRESS				4.3 S	TREE	TADDRESS				ļ
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NAME						T ADDRESS				
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CITY ST. ZID						1				

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.

SIGNATURE: