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03-01-1999 90044 030 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P93000073540

1. Corporation Name
TOMASI GROUP HOLDINGS, INC.



Principal Place of Business
 2793 POINCIANA ST.
 NAPLES FL 33942
 US

Mailing Address
 2793 POINCIANA ST.
 NAPLES FL 33942
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **435 NORTH RD.**
 22 Suite, Apt. #, etc.
 23 **NAPLES, FL.**
 24 **34105** 25 **US**

2a. Mailing Address
 26
 27 Suite, Apt. #, etc.
 28 **NAPLES, FL.**
 29 **34105** 30 **US**

3. Date Incorporated or Qualified
10/25/1993

4. FEI Number
65-0505584 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

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

THOMSON, FRANK
 2793 POINCIANA ST
 NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name ~~KATHLEEN~~ **WILKINSON, KATHLEEN**
 82 Street Address (P.O. Box Number is Not Acceptable)
2793 POINCIANA ST.
 83
 84 City **NAPLES** 85 **FL** Zip Code **34105**

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 **KATHLEEN A. WILKINSON** *Kathleen A. Wilkinson* **1-26-99**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input checked="" type="checkbox"/> DELETE
NAME	THOMSON, FRANK	
STREET ADDRESS	2793 POINCIANA STREET	
CITY-ST-ZIP	NAPLES FL	
TITLE	PCOO	<input type="checkbox"/> DELETE
NAME	WILKINSON, KATHLEEN	
STREET ADDRESS	2793 POINCIANA STREET	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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.

SIGNATURE: *Kathleen A. Wilkinson* **1-26-99** **94 643-3883**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)