

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000074756 (6)

1. Corporation Name
TORI - LIN, INC.

APPROVED
AND
FILED

95 MAY -1 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3034 JOHNSON ST.
HOLLYWOOD FL 33021

Mailing Address
3034 JOHNSON ST.
HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/28/1993		3a. Date of Last Report 04/20/1994	
21		26		4. FEI Number 65-0445297		Applied For Not Applicable	
22. Suite, Apt. # etc.		27. Suite, Apt. # etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. City	25. Country	29. City	30. Country	8. This corporation has liability for intangible tax under s. 199, Fla. Statutes ☐ Yes ☒ No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BEDZOE, MICHAEL, ESQ. 20803 BISCAYNE BLVD. SUITE 200 AVENTURA FL 33180		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 607.0202 and 607.1506, 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 of person or persons authorized to register agent and file this statement)

(NOTE: Registered Agent signature required when registering.)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST	1.1 TITLE	☐ Change ☐ Addition
NAME	KRAMS, SYDNEY	1.2 NAME	800001480978
STREET ADDRESS	3034 JOHNSON ST.	1.3 STREET ADDRESS	-05/09/95--01099--020
CITY, ST, ZIP	HOLLYWOOD FL 33021	1.4 CITY, ST, ZIP	****200.00 ****200.00
TITLE	DV	2.1 TITLE	☐ Change ☐ Addition
NAME	KRAMS, GAIL	2.2 NAME	
STREET ADDRESS	3034 JOHNSON ST.	2.3 STREET ADDRESS	
CITY, ST, ZIP	HOLLYWOOD FL 33021	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 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(2)(b), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SYD KRAMS

4/25/95

305-962-8877

President