

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000085693 (8)

To: Corporation Name

TOCE INTERNATIONAL, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **6715 FAIRWAY COVE
ORLANDO FL 32835**
Mailing Address: **6715 FAIRWAY COVE
ORLANDO FL 32835**

3. Date Incorporated or Qualified 12/06/1993	3a. Date of Last Report 07/19/1994
4. FEI Number 59-3211171	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
7. This corporation is not liable for a liability trust under Chapter 687, 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. City & State	28. City & State
24. City & State	29. City & State
25. City & State	30. City & State

9. Name and Address of Current Registered Agent

**POTAMI, ROCCO
6715 FAIRWAY COVE
ORLANDO FL 32835**

10. Name and Address of New Registered Agent

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 (06) and 607 (50), 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 (06), Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	☐ Change ☐ Addition
NAME	VINCENZO, AMATO	2. NAME	
STREET ADDRESS	6715 FAIRWAY COVE	3. STREET ADDRESS	
CITY, ST, ZIP	ORLANDO FL	4. CITY, ST, ZIP	
5. TITLE		21. TITLE	☐ Change ☐ Addition
6. NAME		22. NAME	
7. STREET ADDRESS		23. STREET ADDRESS	
8. CITY, ST, ZIP		24. CITY, ST, ZIP	
9. TITLE		31. TITLE	☐ Change ☐ Addition
10. NAME		32. NAME	
11. STREET ADDRESS		33. STREET ADDRESS	
12. CITY, ST, ZIP		34. CITY, ST, ZIP	
13. TITLE		41. TITLE	☐ Change ☐ Addition
14. NAME		42. NAME	
15. STREET ADDRESS		43. STREET ADDRESS	
16. CITY, ST, ZIP		44. CITY, ST, ZIP	
17. TITLE		51. TITLE	☐ Change ☐ Addition
18. NAME		52. NAME	
19. STREET ADDRESS		53. STREET ADDRESS	
20. CITY, ST, ZIP		54. CITY, ST, ZIP	
21. TITLE		61. TITLE	☐ Change ☐ Addition
22. NAME		62. NAME	
23. STREET ADDRESS		63. STREET ADDRESS	
24. CITY, ST, ZIP		64. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607 (06)(b), Florida Statutes. I further certify that the information included 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 of change report or on an attachment with an address.

SIGNATURE: *Amato Vincenzo* **4/24/95** **407 294-9192**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR