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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P94000056636 (1)

FILED Feb 19 1998 8:00am Secretary of State

TWO T	OMS, INC.	,	,			
Principal Plac	e of Business	Mailing Address				RADI BARRA DIMAR BANDO ILINO BIAL RODI
10003 N NEBRASKA AVE TAMPA FL 33612 TAMPA FL 33612			VE		DO NOT WRITE IN	THIS SDACE
					3. Date Incorporated or Qualified	THIS OF NOL
					07/29/1994	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-3258396	Not Applicable
Sulte, Apt. #, etc. Suite, Apt						¢0.75 A 4494-1-1
22		27	27		5. Certificate of Status Desired	Fee Required
City & State	e	City & State		8. Election Campaign Financing	\$5.00 May Be	
23.		28		Trust Fund Contribution		
Zip	Country	Zip	Countr	ry	8. This corporation owes or has paid t	he current year Intangible
24	25		30		Personal Property Tax due June 30.	
<u></u>	g. Name and Address of Curren	n Registered Agent	8	1 Non-	10. Name and Address of New Regis	tered Agent
Marcinowski, Albert T.				1 Name		
•	303 N NEBRASKA AVE		82	2 Street Add	ress (P.O. Box Number is Not Acceptable)	
TAI	MPA FL 33612		0.0	<u> </u>		
			8	5		
			84	4 City		FL 85 Zip Code
SIGNATURE	(11 moras	soweh .			poration submits this statement for the purp tion's board of directors. I hereby accept the	ose of changing its registered e appointment as registered
	Signature, lyped or printed name of registered age OFFICERS ANI			gent signature requi	red when reinstating)	ATE
TITLE	D OFFICENS ANI	DELETE	13.		ADDITIONS/CHANGES TO OFFICER	Change Addition
NAME	MARCINOWSKI, ALBERT T		1.2 NAME			- Citarigo (- (Control
STREET ADDRESS	10603 N NEBRASKA AVE			T ADDRESS		
CITY-ST-ZIP	TAMPA FL 33612		1.4 GITY-			
TIFLE	JAMEA 1 C 33012	☐ DELETE	2.1 TITLE			Change Addition
NAME			2.2 NAME	ſ		
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			2.4 CITY			
TITLE			3.1 TITLE			Change Addition
NAME	.		3.2 NAME			
STREET ADDRESS	f		•	T ADDRESS		
CITY-ST-ZIP			3.4. CITY-			
TITLE		DELETÉ	4.1 TITLE			Change Addition
NAME			4. 2 NAME	E		
STREET ADDRESS				T ADDRESS		
CiTY-ST-ZIP	4.40		4.4 CITY-			
TITLE		☐ DELETE	51 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY-ST-ZIP			5.4 CITY-	ST-ZIP		
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	T ADDRESS		
CITY-ST-ZIP			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 exciver 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 chapters, or on an exactment with an address.

SIGNATURE:

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