

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000091574 (1)

1. Corporation Name
TOCRIBRY, INC.



Principal Place of Business
**1222 S.E. 47TH ST.
CAPE CORAL FL 33904
US**

Mailing Address
**P.O. BOX 1444
CAPE CORAL FL 33910
US**

3. Date Incorporated or Qualified **12/16/1994** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0527951		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24 Country		29 Country					

9. Name and Address of Current Registered Agent

**BARTO DEL, C.J.
1222 S.E. 47TH STREET
CAPE CORAL FL 33904**

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 607.0502 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:

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when re-registering.

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	DEL BARTO, C J	1.2 NAME	Del Barto, C.J.
STREET ADDRESS	3829 SE 10 AVE	1.3 STREET ADDRESS	200 NW 224 Place
CITY - ST - ZIP	CAPE CORAL FL 33904	1.4 CITY - ST - ZIP	Cape Coral, FL 33909
TITLE	TD	2.1 TITLE	TD
NAME	DEL BARTO, GLORIA D	2.2 NAME	Del Barto, Gloria D.
STREET ADDRESS	3829 SE 10 AVE	2.3 STREET ADDRESS	200 NW 224 Place
CITY - ST - ZIP	CAPE CORAL FL 33904	2.4 CITY - ST - ZIP	Cape Coral, FL 33909
TITLE	D	3.1 TITLE	D
NAME	DEL BARTO, ANTHONY J	3.2 NAME	Del Barto, Anthony J.
STREET ADDRESS	3829 SE 10 AVE	3.3 STREET ADDRESS	200 NW 224 Place
CITY - ST - ZIP	CAPE CORAL FL 33904	3.4 CITY - ST - ZIP	Cape Coral, FL 33909
TITLE	P	4.1 TITLE	
NAME	HAINES, ROBERT P	4.2 NAME	
STREET ADDRESS	4348 PALM PLACE	4.3 STREET ADDRESS	
CITY - ST - ZIP	FT MYERS FL	4.4 CITY - ST - ZIP	33905
TITLE	V	5.1 TITLE	V
NAME	THORNTON, EMMETT P	5.2 NAME	Thornton, Emmett P.
STREET ADDRESS	4348 PALM PLACE	5.3 STREET ADDRESS	4348 Palm Place
CITY - ST - ZIP	FT MYERS FL	5.4 CITY - ST - ZIP	FL 33905
TITLE		6.1 TITLE	
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 119.07(3)(k), 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:

Robert P. Haines
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96
Date

(441) 693-5437
Daytime Phone #

CR2E034 (12/95)