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**PROFIT** CORPORATION ANNUAL REPORT



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

1996

P94000091574 (1)

DOCUMENT #
1. Corporation Name TOCRIBRY, INC.

Principal Place of Business

Mailing Address



US US	47TH ST. RAL FL 33904	P.O. BOX 144 CAPE CORAL US				
					3. Date Incorporated or Qua 12/16/1994	1ified 3a. Date of Last Report 05/01/1995
2. Principal P	lace of Business	2a. Mailing Addres	SS .		4. FEI Number	Applied For
21		26			65-0527951	Not Applicabl
Suite, Apt.		Suite, Apt. #, (	etc.		5. Certificate of Status Desire	¢0.75 4.48
City & State		City & State	··· (A.)		Election Campaign Financ     Trust Fund Contribution	ing \$5.00 May Be Added to Fees
Zip <b>24</b>	Country 25	Zip 29	30 Co	untry	Florida Statutes	ty for intangible tax under s 199.032, Yes 🔼 No
	9. Name and Address of C	urrent Hegistered Agent		81 Name	10. Name and Address of N	New Registered Agent
BARTO	O DEL, C.J.			81 Name		
	S.E. 47TH STREET			82 Street A	ddress (P.O. Box Number is Not Acc	peptable)
	CORAL FL 33904			83		
" <b>-</b> -				63		
44 6				84 City		FL 85 Zip Code
Or register	to the provisions of Sections 607, red agent, or both, in the State of ith, and accept the obligations of,	rionda. Such change was at	JUD <b>orize</b> a by the i	ove-named cor corporation's b	rporation submits this statement for the located of directors. I hereby accept the	ne purpose of changing its registered office appointment as registered agent. I am
SIGNATURE.						
40	Signature, typed or printed name of registered			a Agent signature rec	quired when reinstating)	DATE
12.	_ Unricer:	S AND DIRECTORS	B 12		<b>またいけんもん (へ) しもしのだめ サク</b>	A PEROEDO AND DIDEOTORO IN AC
TITLE	T D		13.	T		OFFICERS AND DIRECTORS IN 12
TITLE	DEL BARTO, C J	☐ DELFT	1.11		D .	Change Addition
NAME	DEL BARTO, C J 3829 SE 10 AVE		E 1.1T 1.2 N.	IAME	D .	Change Addition
NAME STREET ADDRESS	3829 SE 10 AVE	☐ DELET	E 1.11 12 N 1.3 S	IAME TREET ADDRESS	Del Barto Si-	J. Change □ Addition lace
NAME STREET ADDRESS CITY+S1+ZIP		) DELET	E 1.1 T 1.2 N 1.3 S 1.4 C	IAME TREET ADDRESS ITY-ST-ZIP	D .	J. ⊠ Change □ Addition  Jace 33909
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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.