Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90047 036 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000015211

1. Corporation Name

TOOJAY'	S VERO, INC.							
Principal Place of Business Mailing Address					T 19811882 ICE 18181 BILL BELLI BELLI BELLI BELLI	, 41119 11991 1	MAS SIES SANS	
555 21ST STREET 3654 GEORGIA AVE. VERO BEACH FL 32960 WEST PALM BEACH FL 33401					DO NOT WRITE IN THIS SF	ACE		
	·				3. Date Incorporated or Qualifed 02/23/1995			
Principal Place of Business 2a. Mailing Address					4, FEI Number		lied For	
26					65-0560750	 	Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		_	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		-City & State			6. Election Campaign Financing Trust Fund Contribution	Added to Fees		
Zip 24	Country Zip 25 29 30			·	Torsonal Topony Tax.	☐ Yes ÆNo		
9. Name and Address of Current Registered Agent				4	10. Name and Address of New Registered Ag	<u>ent</u>		
BROWN, JAY A			81 82	Name Street Address (P.O. Box Number is Not Acceptable)				
3654 GEORGIA AVE.			62	Oli eel Au	Address (1.10. Dox Humbor to Not Note Plants)			
WEST PALM BEACH FL 33401			83					
			84		FL 85 Zip Code			
11. Pursuant to office or reagent. I ar	to the provisions of Sections 607.0502 egistered agent, or both, in the State of in familiar with, and accept the obligation	and 607.1508, Florida Statutes, Florida, Such change was auth ns of, Section 607.0505, Florida	the abov orized by Statutes	e-named co the corpora	rporation submits this statement for the purpose of chation's board of directors. I hereby accept the appointn	anging its reg	egistered istered	
SIGNATURE								
				nt signature requ	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12	
TITLE	P . DELETE					Change	Addition	
NAME	P □ DELETE BROWN, JAY A							
STREET ADDRESS	40CO CODAL WAY			T ADDRESS				
CINOED IOLAND EL COACA			1.4 CITY-5				Y	
CITY-ST-ZIP TITLE	V DELETE					Change	☐ Addition	
NAME	KORENBAUM, WILLIAM						1	
STREET ADDRESS	ACC OFFICIAL AND MEDICAL			TADDRESS	•			
CITY-ST-ZIP	WEST DALM BEACH EL COMOS			ST-ZIP	·			
TITLE	C DOLLAR					Change ,	☐ Addition	
NAME			3.2 NAME				ļ	
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP			3.4. CITY-ST-ZIP		·			
TITLE DELETE			4.1 TITLE			Change	☐ Addition	
NAME			4. 2 NAME				İ	
STREET ADDRESS			4.3 STREE	T ADDRESS	•		•	

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 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, with all other like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

Change

Change

Addition

☐ Addition