


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

97 JUL 18 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000055143 (8)**

1. Corporation Name
TOT LOT, INC.

Principal Place of Business

Mailing Address

**8953 NW 33RD STREET
CORAL SPRINGS FL 33065**

**8953 NW 33RD STREET
CORAL SPRINGS FL 33065**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/12/1995	3a. Date of Last Report 06/20/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 26-5590530	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REESE, DEBRA-ANN
8953 NW 33RD STREET
CORAL SPRINGS FL 33065**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REESE, CRAIG	1.2 NAME	400002245554--3
STREET ADDRESS	8953 NW 33RD STREET	1.3 STREET ADDRESS	-07/23/97--01113--001
CITY-ST-ZIP	CORAL SPRINGS FL 33065	1.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REESE, DEBRA-ANN	2.2 NAME	
STREET ADDRESS	8953 NW 33RD STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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.

SIGNATURE REQUIRED

CR2E034 (4/97)

The Tot Lot, Inc.

8953 N.W. 33RD STREET
CORAL SPRINGS, FL. 33065

Phone 978-3665
Fax (954) 974-4686
Home Phone (954) 755-5357

July 16, 1997

Florida Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sir/Madam,

This letter is to confirm my telephone conversation with your department on July 15, 1997. As I have previously explained on the 14th of July I had received from your office a second notice regarding the annual report for the Tot Lot, Inc. Please see the enclosed copy of the remittance submitted back on January 2nd of this year. The same was returned to your office via U.S. mail in the preprinted return envelope supplied with the original notice. I do not understand how this correspondence was lost as I did not receive any returned mail. As per your instructions I have enclosed a replacement check for the \$165.00 along with another Annual report form. As of today the original check has not cleared my bank yet I have forwarded a copy of the same in the event that it should surface. Thank you for your concern in this matter.

Sincerely,



Craig M. Reese

Enc: 3

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DO NOT WRITE OR MAKE ANY MARKS ON THIS STUB
1997 ANNUAL REPORT

P960005143 (6)

TOT LOT, INC.

Date Due: 05/01/97
Amount Due: \$165.00
After 05/01/97: \$550.00

269500005514361650011737575


THE REAL ESTATE CONNECTION INC.
D/B/A THE OPPORTUNITY LINE
3333 W. ATLANTIC BLVD., #28
POMPAHO BEACH, FL 33069

62-9126/2670
BRANCH 586

1083

PAY TO THE ORDER OF Department of State January 3, 1997

One Hundred Sixty Five 29/100 \$ 165.00 DOLLARS

GREAT WESTERN BANK 
1000 S. MILITARY TRAIL
DEERFIELD BEACH, FL 33442
1-800-222-2262

FOR P95000055143 (6) #001083# *2670912630* 5866245985#1 Barry Lewis