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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000062687 (5)

TOSCA, INC.

Principal	Place	of	Business
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Mailing Address

## FILED Apr 28 1997 8:00am Secretary of State



1973 HYDE PARK DRIVE WINTER PARK FL 32702		1373 HYDE PARK DRIVE WINTER PARK FL 32782-8143						
				3. Date Incorporated or Qualified 08/14/1995	3a. Date of Last Report 08/12/1996			
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For			
21		[26]		APPLIED FOR 59-3.	OCY/92 Not Applicable			
Suite, Apt.	#, e(c.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	6	City & State		6 Floation Compolen Financina				
23	•	28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country	Zip	Country	8. This corporation has liability for i				
24	25	29	30		Yes 🗵 No			
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Re	gistered Agent			
	CKLEY, JAMES M		81 Name					
	1 34TH STREET SOUTH		82 Street Ad	idress (P.O. Box Number is Not Acceptab	le)			
ST.	PETERSBURG FL 33711		00					
			83					
1.0			84 City		FL 85 Zip Code			
	to the provisions of Sections 607 050	2 and 607 1508 Florida Statut	es the above named co	progration submits this statement for the p				
office or r	egistered agent, or both, in the Stale	of Florida, Such change was a	authorized by the corpor	orporation submits this statement for the pration's board of directors. I hereby accep	If the appointment as registered			
_	agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE	Signature, lyped or printed name of registered age	ut and tide if applicable (NOI	E Registered Agent's gnature rec	gured when reinstaling)	DATE			
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12			
TITLE	PD	☐ DELETE	1.1 TITLE		ERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition			
NAME	HEACOCK, PAULA		1.2 NAME		8			
STREET ADORESS	3413 HIDDEN RIVER VIEW LAN	<b>NE</b>	1.3 STREET ADDRESS					
CITY-ST-ZIP	ANNAPOLIS MD 21403		1.4 CITY-ST-ZIP					
TITLE	810	☐ DELETE	2.º TITLE		☐ Change ☐ Addition ☐			
NAME	HEACOCK, GREGORY	( <del>*</del>	2.2 NAME					
STREET ADDRESS	3413 HIDDEN RIVER VIEW LAN	NE .	2.3 STREET ADDRESS	j.				
CITY-ST-ZIP	ANNAPOLIS MD 21403	DELETE	2. 4 CITY - S1 - ZIF	.*	Change Addition			
TITLE	VD	L' Derrit	3.* 1111.6		L_J Change L_J Addition			
name Street address	WORDEN, ERIC W 1373 HYDE PARK DRIVE		3.2 NAME 3.3 STREET ADDRESS					
CITY-ST-ZIP	WINTER PARK FL 32792		3.4. CITY-S1-ZIP					
TITLE	THIS TOWN I L VEIVE	☐ DELETE	4.1 TITLE		Change Addition			
NAME		_	4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY - ST - ZIP					
TITLE		DELETE	5.1 TITLE		Change Addition			
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS		إس			
CITY-ST-ZIP			5.4 CITY - ST - ZIP		Change			
TITLE		☐ DELETE	6.1 TITLE		E Ghange Modition   §			
NAME		•	6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS		1.5			
CITY-ST-ZIP			6.4 CITY - ST - ZIP					

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 armual 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.