## 1- 14 -98 B 0133 FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000083190 (5)

TOBIAS DESIGN, INC.

FILED Jan 16 1998 8:00am Secretary of State

Added to Residence of Business 4. FEI Number								
DAVE FL 33328 US US SUITE APPLIES THE PROPERTIES OF Business 2. Principal Place of Business 2. Principal Place of Business 2. Maining Address 3. Date Incorporated or Qualified 10/31/1995 3. Date Incorporated or Qualified 21/031/1995 4. FEI Number Applied For Not Applied	Principal Place of Business Mailing Addres					L (BRILING) LOUGH BINNY REDIN BRINN BRINN BRINN	LOUDO ANADA ALDRA NORA DOLA MADA	
DAVE FL 33328 US US SUITE APPLIES THE PROPERTIES OF Business 2. Principal Place of Business 2. Principal Place of Business 2. Maining Address 3. Date Incorporated or Qualified 10/31/1995 3. Date Incorporated or Qualified 21/031/1995 4. FEI Number Applied For Not Applied	4200 S UNIVE	RSITY DRIVE	4200 S HNIVERSITY					
2. Principal Place of Business 2. A FEI Number								
2. Principal Place of Business   2a. Mailing Address   4. FEI Number   Applied For   Not Applicable   Sullo, Apt. #, etc.   Sc. Certificate of Status Desired   \$8.75 Additional   Fee Required   Fee Req	U\$ U\$		U\$	JS		<u> </u>	IIS SPACE	
2. Printippal Pilos of Business   2. Mailing Address   4. FEI Number   Applied For   Not Applicable   Suite, Apt #, etc   Scorlhoste of Status Desired   \$8.75 Additional Fee Required   Fee Required   Status Desired   Status Desired De								
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Sulle, Apt. #, etc.    Sulle, Apt. #, etc.   Sulle, Apt. #, etc.   Sulle, Apt. #, etc.   S. Certificate of Status Desired   Fee Required   Per Required   Pe	the line of the land of the line of the li						<del></del>	
City & State  Ci								
City & State   City &	m •					5. Certificate of Status Desired		
Trust Fund Contribution   Added to Fees	City & State City & State					6. Election Campaign Financing	\$5.00 May Be	
28   33   Personal Property Tax due June 30.   Yes   No  9. Name and Address of Current Registered Agent  BEN-JOSEPH, AVRAHAM 2829 N 40TH AVE HOLLYWOOD FL 33021  11. Pursuant to the provisions of Socians 607.0502 and 607.1509, Florida Statules, 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. Thereby accept the appointment as registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered office or registered agent are familiar with, and accept the obligations of, Section 607.6505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and tire if applicable (MOIF Registered Agent signature register except when releasing)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ITILE  DPTS  SIGNATURE  SIRET ADDRESS  CITY-ST-2P  12. OFFICERS AND DIRECTORS  13. SIRET ADDRESS  CITY-ST-2P  14. CITY-ST-2P  15. ADDRESS  CITY-ST-2P  16. Change Addition  Addition  16. Change Addition  17. Name  Addition  18. ADDRESS  CITY-ST-2P  18. Change Addition  19. Change Addition  19. Change Addition  19. Addition  19. ADDRESS  CITY-ST-2P  10. Change Addition  10. Name  10. Name and Address of New Registered Agent statutes, the corporation submits this statement for the purpose of changing its registered agent and corporation submits this statement for the purpose of changing its registered agent and corporation submits the purpose of	23 DAVIL 128							
BEN-JOSEPH, AVRAHAM 2829 N 407H AVE HOLLYWOOD FL 33021  11. Fursuant 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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, by pad or preteat name of registered agent and time applicable.  SIGNATURE  Signature, byped or preteat name of registered agent and time applicable.  (NOTE Registered Agent signature regular when refratation)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DPT'S  BEN-JOSEPH, AVRAHAM  STREET ADDRESS  CITY-ST-2PP  OOCPER CITY FL  DELETE  1.1 TITLE  DELETE  1.2 TITLE  DELETE  1.3 SIRECT ADDRESS  CITY-ST-2PP  OOCPER CITY FL  DELETE  3.3 SIRECT ADDRESS  CITY-ST-2PP  DELETE  3.3 SIRECT ADDRESS  CITY-ST-2PP  OCHANGE  DELETE  3.3 SIRECT ADDRESS  CITY-ST-2PP  ORAGINO DELETE  3.4 CITY-ST-2PP  OCHANGE  Change  Addition  NAME  AL VITHE  DELETE  AL TITLE  DE	-	Country	<del>}-</del>	¬ '	1		_ · _ * .	
BEN.JOSEPH, AVRAHAM 2829 N 40TH AVE HOLLYWOOD FL 33021  11. Pursuant to the provisions of Scotions 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 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 segment, and accept the obligations of, Section 607 0505, Florida Statutes.  Signature, typed or presed name of registered agent price the obligations of the obligation	24 35		<del></del>	30				
282 N 40TH AVE HOLLYWOOD FL 33021  82 Street Address (P.O. Box Number is Not Acceptable)  83 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Horida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  Signature, typed or prired frame of registered agent and title if applicable (MOTF Registered Agent Signature, typed or prired frame of registered agent agent state if applicable (MOTF Registered Agent Signature required when refination)  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TILLE DPTS SENJOSEPH, AVRAHAM STREET ADDRESS CITY-ST-2PP COOPER CITY FL  DELETE 11 TILLE 12 SIREET ADDRESS CITY-ST-2PP 14 CITY-ST-2PP 15 Change Addition 18 SIREET ADDRESS 22 AGITY-ST-2PP 16 DELETE 31 TILLE 32 NAME 32 SIREET ADDRESS 32 NAME 33 SIREET ADDRESS CITY-ST-2PP 33 AGITY-ST-2PP 16 DELETE 41 TITLE 33 SIREET ADDRESS CITY-ST-2PP 44 Addition 45 AMME 46 AGITY-ST-2PP 46 Addition 47 AMME 48 AGITY-ST-2PP 48 A			Registered Agent		Nema	10. Name and Address of New Register	ed Agent	
HOLLYWOOD FL 33021    B3				6'	Ivanie		Į.	
B3				82	Street Add	dress (P.O. Box Number is Not Acceptable)		
B4   City   FL   85   Zip Code	HO	ELYWOOD FL 33021		93				
11. Pursuant to the provisions of Socions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or privated name of registered agent, and title if applicable   (NOTF Registered Agent signature regulated when reheatating)   DATE     12.	Į			55			Į	
11. Pursuant to the provisions of Sections 607 0507 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registored 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 are familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.    SIGNATURE     Signature, hypod or protein new of registered agent and little if applicable   (NOTF Registered Agent signature required when reinstates)   DATE     12.				84	City		85 Zip Code	
Agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signalure, typod or printed name of registroed agent and title if applicable (NOTF Registroed Agent signature required when reinstating) (DATE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITILE DPTS	15 Purguant	to the provisions of Sections 607 0502	and 607 1508. Florida Statutes	the above	a-named co			
SIGNATURE Signalure, typed or privided name of registered agent and little if applicable (NOTF Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE DPTS DELETE 1.1 TITLE Change Addition  NAME  SEN-JOSEPH, AVRAHAM  12 NAME  STREET ADDRESS CITY-ST-ZIP  TITLE DELETE 2.1 TITLE  Change Addition  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE CHANGE 3.2 NAME  2.3 STREET ADDRESS CITY-ST-ZIP  TITLE CHANGE Addition  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE CHANGE Addition  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE CHANGE Addition  NAME  3.2 NAME  3.3 STREET ADDRESS CITY-ST-ZIP  TITLE CHANGE Addition  NAME  4.1 TITLE  Change Addition  Addition  NAME  Addition  Change Addition	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							
Signature, typod or printed name of registred agent and life if applicable (NOTE Registred Agent signature required when reinstating)		m tamiliar with, and accept the obligation	ons of, Section 607.0505, Fior	ida Statutes	5.		1	
13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	SIGNATURE	Signalure, typod or printed name of registered agent s	and title if applicable (NOTF:	Registered Age	ent signature regi	uired when reinstating) DAT	<u> </u>	
NAME   STREET ADDRESS   SW 57 PLACE   13 STREET ADDRESS   CITY-ST-ZIP   COOPER CITY FL   DELETE   21 TITLE   Change   Addition	12.						AND DIRECTORS IN 12	
STREET ADDRESS   S855 SW 57 PLACE   1.3 STREET ADDRESS   1.4 CITY- ST-ZIP	TITLE		DELETE	1.1 TITLE			Change Addition	
COOPER CITY FL	NAME			12 NAME				
DELETE   DELETE   2.1 TITLE   Change   Addition	STREET ADDRESS			1.3 STREET	ADDRESS	,		
NAME	CITY-ST-ZIP	COOPER CITY FL	COOPER CITY FL 1.44		T-ZIP			
23 STREET ADDRESS   23 STREET ADDRESS   24 CITY-ST-ZIP	TITLE		☐ DELETE	2.1 TITLE			Change Addition	
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TITLE         DELETE         3.1 TITLE         Change         Addition           NAME         3.2 NAME </td <td>STREET ADDRESS</td> <td></td> <td></td> <td>23 STREET</td> <td>ADDRESS</td> <td></td> <td></td>	STREET ADDRESS			23 STREET	ADDRESS			
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NAME 62 NAME							. –	
STREET ADDRESS 6.3 STREET ADDRESS	1 1				ADDRESS		ł	
CITY-SI-ZIP 6.4 CITY-SI-ZIP								

14. Thereby 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.

CICALATURE.

BBBA

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8/47 954-475966