

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

FILED
May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P96000084946 (8)
 1. Corporation Name
TOCA, INC.



Principal Place of Business: **11350 66TH ST N. SUITE 109 LARGO FL 34643**
 Mailing Address: **11350 66TH ST N. SUITE 109 LARGO FL 34643**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 36555 U.S. Hwy 19 No. Suite, Apt. #, etc		2a. Mailing Address 26 36555 U.S. Hwy 19 No. Suite, Apt. #, etc		3. Date Incorporated or Qualified 10/01/1996	
22 City & State Palm Harbor, FL		27 City & State Palm Harbor, FL		4. FEI Number 59-3416574 Applied For: <input type="checkbox"/> Not Applicable	
23 Zip 34684		28 Zip 34684		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country U.S.A.		29 Country U.S.A.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent GARCIA, CARLOS M 11350 66TH ST N, SUITE 109 LARGO FL 34643				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	
10. Name and Address of New Registered Agent				7. Date of Filing 4-8-98	

9. Name and Address of Current Registered Agent
**GARCIA, CARLOS M
 11350 66TH ST N, SUITE 109
 LARGO FL 34643**

10. Name and Address of New Registered Agent
 81 Name: **Garcia, Carlos M.**
 82 Street Address (P.O. Box Number is Not Acceptable): **36555 U.S. Hwy 19 No.**
 83
 84 City: **Palm Harbor** FL 85 Zip Code: **34684**

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]* DATE: **4-8-98**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GARCIA, CARLOS M	
STREET ADDRESS	11350 66TH ST N, SUITE 109	
CITY-ST-ZIP	LARGO FL 34643	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Garcia, Carlos M.	
1.3 STREET ADDRESS	36555 U.S. Hwy 19 No.	
1.4 CITY-ST-ZIP	Palm Harbor, FL 34684	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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*****150.00**

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.

SIGNATURE: *[Signature]* DATE: **4-8-98** (813) 771-9669

CR2E034 (10/97)