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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Apr 22 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000101119 (1) TOBIAS MANAGEMENT, INC. Principal Place of Business 4329 SANCTUARY-LAL DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/13/1996 Applied For 65-0717397 Not Applicable Suite, An \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 8. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Country Zip 8. This corporation owes or has paid the current year Intangible 29 30 Personal Property Tax due June 30. Yes No. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 7601 HIGH RIDGE ROAD 2 20/ NE Street Address (P.O. Box Number is Not Acceptable) LANTANA FL-89462 83 Zip Code Statutes, the above-named corporation submits this statement for the purpose of changing its registered to was authorized by the corporation's board of directors. I hereby accept the appointment as registered 1505, Florida Statutes. Pursuant to the provisions of Section office or registered agent, or to agent. I am familiar with, an accordance of the control of the c SIGNATURE (NI)TE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE Ō ☐ DELETE 1.1 TITLE ☐ Change Addition NAME MILLER, MARK 1.2 NAME 4375 SANCTUARY LN. STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON-**FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE ☐ Change Addition NAME **2.2 NAME** STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE ☐ Change ___ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CiTY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change TITLE Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied indicated on this annual report or supplied officer or director of the corporation or he Block 12 or Block 13 if changed, proving filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information fual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an or trustee of powered to be equity this report as required by Chapter 607, Florida Statutes; and that my name appears in