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Mar 23 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 # P97000003607 (3)

1. Corporation Name
TOMKAT VENTURES, INC.

Principal Place of Business

12105 S.W. 114 PLACE
MIAMI FL 33176

Mailing Address

12105 S.W. 114 PLACE
MIAMI FL 33176



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 14883 SW 167 Street		26 2450 SW 137 Ave	
22 Suite, Apt. #, etc.		27 Ste. 226	
23 City & State Miami, FL		28 City & State Miami, FL	
24 Zip 33187	25 Country U.S.A.	29 Zip 33175	30 Country U.S.A.

3. Date Incorporated or Qualified 01/14/1997	
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ALAYON, RICHARD A ESQ 2405 S.W. 137TH AVENUE SUITE 226 MIAMI FL 33175		81 Name A & P Registered Agent, Inc. 82 Street Address (P.O. Box Number is Not Acceptable) 2450 SW 137 Ave, Ste 226 83 84 City Miami FL 85 Zip Code 33175	

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 DATE 2/24/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D GAUSE, THOMAS A	1.1 TITLE	D, P & T
NAME	GAUSE, THOMAS A	1.2 NAME	Gause, Thomas A.
STREET ADDRESS	12105 S.W. 114 PLACE	1.3 STREET ADDRESS	14883 SW 167
CITY-ST-ZIP	MIAMI FL 33176	1.4 CITY-ST-ZIP	Miami, FL 33187
TITLE		2.1 TITLE	D, VP & S
NAME		2.2 NAME	Gause, Kathleen
STREET ADDRESS		2.3 STREET ADDRESS	14883 SW 167 Street
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Miami, FL 33187
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 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: DATE 2/24/98

CR2E034 (10/97)