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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthana

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P97000020079 (4)

TOKUNSKY, INC.

Principal Place of Business

Mailing Address

FILED Apr 01 1998 8:00am Secretary of State



6272 NW-186 ST. #312 6272 NW 186 ST. #312 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/27/1997 2, Principal Place of Business Applied For verdes cir 5340 Not Applicable \$8.75 Additional SUTTE Fee Required 22 City & State \$5.00 May Be 6. Election Campaign Financing Beh Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible PALM BEACH 29 30 PALM Personal Property Tax due June 30. ___ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MANCHU, FRANK J 2128 HOZETWOOD BLVD. Street Address HOLLYWOOD PL <u>5340</u> City Zip Code 33484 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 Hydra. Alich change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am lampiliar with and accept the objigatory of, Station 607.0505, Florida Statutes. SIGNATURE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change DELETE Addition 1.1 TITLE THILE MLADENOV, IVAN 1.2 NAME NAME 6272 NW 186 ST. #312 STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33015** 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 21 TITLE SANJ, STAKA NAME 2.2 NAME 6272 NW 186 ST. #312 STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33015** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETÉ Change Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZiP ■ Addition DELETE Change TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-\$1-ZIP Change DELETE ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 6 1 TITLE Change TITLE NAME 6.2 NAME 6.3 STREET ADORESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-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 c 5r on an attachmen ross.

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