

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90029 031 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P98000012706

 Corporation Name
TOMCO U.S.A., INC.

 Principal Place of Business
 7315 N.W. 60TH LANE
 PARKLAND FL 33067

 Mailing Address
 7315 N.W. 60TH LANE
 PARKLAND FL 33067

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/05/1998

4. FEI Number

65-0831355

Applied For

☒ Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional Fee Required6. Election Campaign Financing ☐**\$5.00** May Be Added to Fees7. Trust Fund Contribution ☐

8. This corporation owes the current year intangible

Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

 NORWICH, GRACE
 5600 POINSETTIA AVE., APT #709
 WEST PALM BEACH FL 33407

10. Name and Address of New Registered Agent

 81 Name **CHILING HOLI**
 82 Street Address (P.O. Box Number is Not Acceptable)
7315 NW 60TH LANE
 83

 84 City **PARKLAND** **FL** 85 Zip Code **33067**

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



CHILING HOLI

4-19-99

Signature typed or printed name of registered agent and title if applicable.

(NOT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE
 NAME **PRESIDENT**
 STREET ADDRESS **CHILING HOLI**
 CITY-ST-ZIP **7315 N W 60TH LANE**
PARKLAND FL 33067
2.1 TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
3.1 TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
4.1 TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
5.1 TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
6.1 TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE

22 NAME

23 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

32 NAME

33 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

43 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

52 NAME

53 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

62 NAME

63 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:


CHILING HOLI

4/19/99

756-346-5589

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)