PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000015382 1. Corporation Name

0		_		
	Principal	Place	αf	Business

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90232 044 ***150.00

TOTH SE	ERVICES, INC.											
Principal Place	e of Business	Mailing Address				a if 201 far tin rarat rarst anter bants gant at	iidi ildai biida iiid	t Lmerit (5th (Wile)				
12445 S.W. 46T MIAMI FL 33175		12445 S.W. 48TH STREET MIAMI FL 33175		,		DO NOT WRITE IN TH	IIS SPACE					
						3. Date incorporated or Qualified						
 -						02/17/1998		{				
2. Principal Pi	lace of Business	2a. Mailing Address				4. FEI Number	A	oplied For				
21 1244	5 SW 46 St	2a. Mailing Address 26 12445 5 U Suite, Apt, #, etc.	W 4	6.	ጉ	65 08 12629		ot Applicable Additional				
Suita, Apt.	#, etc.	27				5. Certificate of Status Desired		equired				
City & State				1	= :	B. Election Campaign Financing Trust Fund Contribution	7	May Be to Fees				
Zip	Country	Zip . C C-	Cou	untry		a. This corporation owes the current year	Intangible					
Zip 5 5	175 [25] U.S.A.	29 33/75	30	U	SA	Personal Property Tax.	☐ Yes	₩ No				
-	9. Name and Address of Current	Registered Agent				10. Name and Address of New Register	ed Agent					
TOTS	H, MARIANNA			81	Name							
1244	5 S.W. 46TH STREET		82	Street Addre	ess (P.O. Box Number is Not Acceptable)							
MIAN	AI FL 33175			83								
				84	City	F	L	Code				
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 Street or posted parts of presented spent and \$86.6 spent agents required when religiations) DATE												
agent. I a	m tamiliar with, and accept the obligati	ons or, Section 607.0505, Flo	riua stat	ules.								
agent. I a	m familiar with, and accept the obligate t Signature, typed or printed name of registered epent	and \$4e if applicable. (NOTE	Registered	ules.		d when reinstaling) DATE						
signature	m tamiliar with, and accept the obligation to the Signature, typed or printed name of registered agent OFFICERS AND	and site if applicable. (NOTE	Registered	Agent :			AND DIRECTO					
SIGNATURE 12.	m tamiliar with, and accept the obligation of specific signature, typed or printed name of registered agent OFFICERS AND PTD	and \$4e if applicable. (NOTE	Registered	Agent :		d when reinstaling) DATE		ORS IN·12⁻				
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND TOTH, ZOLTAN	and site if applicable. (NOTE	Registered 13. 1.1 TI	Agent :	signatura required	d when reinstaling) DATE	AND DIRECTO	ORS IN·12⁻				
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14. 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 ennual 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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STREET ADDRESS

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