


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

05-06-1999 90232 044 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000015382</b> 1. Corporation Name <b>TOTH SERVICES, INC.</b>					
Principal Place of Business <b>12445 S.W. 46TH STREET</b> <b>MIAMI FL 33175</b>			Mailing Address <b>12445 S.W. 46TH STREET</b> <b>MIAMI FL 33175</b>		
DO NOT WRITE IN THIS SPACE					
3. Date Incorporated or Qualified <b>02/17/1998</b>					
2. Principal Place of Business <b>12445 SW 46 St</b>		2a. Mailing Address <b>12445 SW 46 St</b>		4. FEI Number <b>65 0812629</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		Applied For <input type="checkbox"/> Not Applicable	
City & State <b>Miami FL</b>		City & State <b>Miami FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip <b>33175</b>		Zip <b>33175</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Country <b>U.S.A.</b>		Country <b>USA</b>		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>TOTH, MARIANNA</b> <b>12445 S.W. 46TH STREET</b> <b>MIAMI FL 33175</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>					
12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	PTD		1.1 TITLE		
NAME	TOTH, ZOLTAN		1.2 NAME		
STREET ADDRESS	12445 S.W. 46TH STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33175		1.4 CITY-ST-ZIP		
TITLE	VPSD		2.1 TITLE		
NAME	TOTH, MARIANNA		2.2 NAME		
STREET ADDRESS	12445 S.W. 46TH STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33175		2.4 CITY-ST-ZIP		
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, with all other like empowered.

SIGNATURE: Marianna T. Toth  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-30/ 99(307)223-5028  
 Date Daytime Phone #

CR2E034 (11/98)