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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P98000047598

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90097 037 ***150.00

TOMCO	HOLDINGS, INC.						
Principal Place	e of Business	Mailing Address					
21311 NW 2ND		21311 NW 2ND AVE					
N. MIAMI FL 33169 N. MIAMI FL 33169					_		
					TE IN THIS SE	PACE	
				 Date Incorporated or Qualified 05/26/1998 			
Oringinal Di	lace of Business	2a. Mailing Address		4 EEI Number		App	lied For
2. Principal Pl	Sheridai Street	26 3389 5 Nert	dayStreet	65-0854182		- 	Applicable
Suite, Apt.		Suite, Apt. #, etc.	151 · CD.	1		\$8.75 A	
	0	27 #180		5. Certifcate of Status Desired		Fee Rec	quired
City & State		City & State		6. Election Campaign Financing	<u></u>	\$5.00 8	May Be
23 140//	yword, FL	28 HOlly WOOD	FL	Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Country	8. This corporation owes the curr		gible	أ يب
ر کر کر ا ₂₄	02/ 25 USA		0 USA	Personal Property Tax.			No_
-	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New	Registered Ag	ent	
TALI	LE, THOMAS J		81 Name -	Thomas J-Jaule	<i>'</i>		
	I NW 2ND AVE		82 Street A	ddress (P.O. Box Number is Not Accept	able)#18	10	
	IIAMI FL 33169		83 3384	15 Merican 3/1 ecr	77-10	<u></u>	
14. [4]	II/AMI 1 E 00 109		03				
			84 City	Mywood	EI	85 Zip C	ode /
		and 607 tED9 Florida Statutos	the above named c	omorfition cultimite this statement for the	nurnose of ch	anging its o	registered
office or n	poistered agent of both in the State t	st Florida. Such change was aut	horized by the corpor	ration's board of directors. I hereby acce	pt the appointn	nent as reg	jistered
					_		
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florid	ia Statutes.		7/2/6	a	j
agent. I a	M & Jaw	u'			2/3/9	9	
SIGNATURE	Signature, typed or plated frame of registered agent	t and title if applicable. (NOTE: R	legistered Agent signature req	guired when reinstating)	Z/3/9 DATE FICERS AND	9_	
SIGNATURE/	Signature, typed or printed name of registered agent OFFICERS ANI	t and title if applicable. (NOTE: R	tegistered Agent signature req	quired when reinstating) ADDITIONS/CHANGES TO OF		9_	
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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 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 off an adachment with an address, with all other like empowered.

SIGNATURE: