

DOCUMENT # P99000034186

1. Entity Name

TOLEDO SQUARE INC.

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FILED  
Jul 19, 2000 8:00 am  
Secretary of State

07-19-2000 90015 005 \*\*\*158.75

Principal Place of Business

12558 BACCHUS ROAD  
PORT CHARLOTTE FL 33981

Mailing Address

12558 BACCHUS ROAD  
PORT CHARLOTTE FL 33981

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-8708308

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CANNATA, CORRADO  
12558 BACCHUS ROAD  
PORT CHARLOTTE FL 33981

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *P.*  
NAME CORRADO CANNATA  Delete  
STREET ADDRESS 12558 BACCHUS RD  
CITY-ST-ZIP PORT CHARLOTTE, FL, 33981

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

TITLE *VP*  
NAME GIOVANNA CANNATA  Delete  
STREET ADDRESS 12558 BACCHUS RD  
CITY-ST-ZIP PORT CHARLOTTE, FL, 33981

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

TITLE *Sec*  
NAME MARY MITSKINIS  Delete  
STREET ADDRESS 44 EASTWOOD CRES.  
CITY-ST-ZIP MARKHAM, ONT. L3B5Z7

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

TITLE *Tr.*  
NAME JOSEPHINE POPOWICH  Delete  
STREET ADDRESS 39 HADDINGTON AVE.  
CITY-ST-ZIP TORONTO, ONT. M5M2N8

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*SIGNATURE REQUIRED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/00  
Date

941-697-6217  
Daytime Phone #