DOCUMENT # P99000107773

Entity Name

TOMIK ENTERPRISES, INC.

FILED

00 JUN -5 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
N. UNIVERSITY DR. FL 33321	7880 N. UNIVERSITY DR. TAMARAC FL 33321

Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 650969723 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROSEN, JEROME L 7880 N. UNIVERSITY DR. TAMARAC FL 33321	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. *Election Campaign Financing Trust Fund Contribution.* ☐ **$5.00** *May Be Added to Fees*

OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
D ☐ Delete BRANDON, THOMAS 7880 N. UNIVERSITY D TAMARAC FL 33321 ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP THOMAS BRANNAN 625 NE 14TH TER. - #F FT LAUDERDALE, FL 33304 ☑ Change ☐ Addition
☐ Delete ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP 300003310083--2 -06/30/00--01014--015 ******8.75 ******8.75 ☐ Change ☐ Addition
☐ Delete ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP 05-01-2000 90003 004 150.00 ☐ Change ☐ Addition

CR2E034 (9/99)

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: X Thomas Brannan THOMAS BRANNAN 4/14/00 (954)6842958

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #