

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 23 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S56794** (8)  
1. Corporation Name  
**THE TOMA GROUP, INC.**



Principal Place of Business  
**13483 MONALEE AVE  
SEMINOLE FL 34646  
US**

Mailing Address  
**13483 MONALEE AVE  
SEMINOLE FL 34646  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/30/1991</b>	
4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

9. Name and Address of Current Registered Agent	
<b>INGRAM, LAWRENCE P. 201 N FRANKLIN ST. SUITE 2100 TAMPA FL 33802</b>	

10. Name and Address of New Registered Agent	
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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.

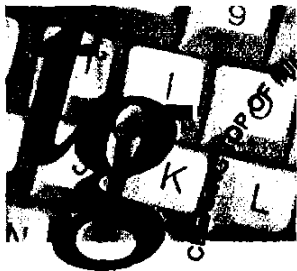
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRESSLER, JOEL ALAN</b>	1.2 NAME	
STREET ADDRESS	<b>13483 MONALEE AVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SEMINOLE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE:  6/30/98 (R13)319-0124

CR2E034 (5/98)



AND AWARENESS ADVERTISING

**toma group, inc.**  
COMPUTER GRAPHICS & DESIGN

pg 2

July 17, 1998

DIVISION OF CORPORATIONS  
P.O. BOX 1500  
TALLAHASSEE, FL 32302-1500

SUBJECT: LETTER NUMBER 49A00036878  
Ref. Number S56794

Please be advised that you have failed to acknowledge my claim that I never received the initial notification of payment due on my corporate annual report. I state again that I never received the initial bill or any notification that payment of any kind was due from your department or division. Therefore, I again submit the original amount **AS I WOULD HAVE HAD I BEEN SENT APPROPRIATE AND TIMELY NOTICE.**

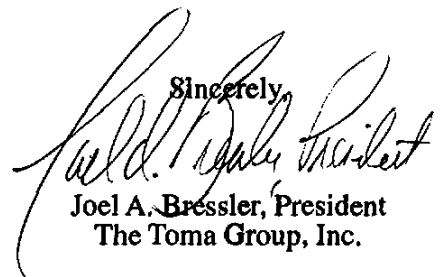
If you have proof (i.e. a certified letter receipt or signed registered mail with an authorized signature from my corporation) that this notice was **SENT, DELIVERED AND RECEIVED** by my corporation I will review my stand on this issue. If however, you cannot provide legal proof that my corporation actually received any notification to pay this fee prior to the initial \$150 time period lapsing, then you are duty bound to accept my payment as though the second (late according to you) notification were the equivalent of a first notice. If you return the check again I will consider that you refuse to accept payment rendered by my corporation in good faith and that the State of Florida has defacto opted to consider me a liar and done so with the express purpose of dissolving my corporation as punishment.

Rather than discuss the ramifications of such actions, my suggestion is, again, if you cannot provide absolute legal proof that your initial notification of this fee requirement was received by an authorized signatory of The Toma Group, Inc., that you accept the initial payment as offered in good faith and that next year you send your notices by registered or certified mail so that you can confirm your right to charge me more money for being late than it would cost me to allow you to dissolve my current corporation and start a new one.

Please file my document as soon as possible so we can put this issue at rest quickly, efficiently and, more to the point, fairly and correctly. Either file my documents with the enclosed check or provide proof that notification was **SENT** in a timely manner by The Florida Department Of State to The Toma Group, Inc. and further actually **DELIVERED AND RECEIVED** by The Toma Group, Inc. within the period during which a late fee could be avoided. My check for \$150.00 as payment in full for my annual corporate report is herewith resubmitted.

If you have additional questions or need further assistance please call The Toma Group, Inc. and ask to speak with Joel A. Bressler, President at (727) 319-0124. Thank you.

Sincerely,

  
Joel A. Bressler, President  
The Toma Group, Inc.