

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S59553 (5)
1. Corporation Name
TOMSAN DEVELOPMENT, INC.

Principal Place of Business
6283 SUN BLVD.
SUITE 3
ST. PETERSBURG FL 33715

Mailing Address
6830 CENTRAL AVE.
SUITE B
ST. PETERSBURG FL 33707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/11/1991	4. FEI Number 59-3140232	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 7746-66TH ST. N. Suite, Apt. #, etc. 22 City & State 23 PINELLAS PARK, FL Zip 24 33781 Country 25	2a. Mailing Address 26 7746-66TH ST. N. Suite, Apt. #, etc. 27 City & State 28 PINELLAS PARK, FL Zip 29 33781 Country 30
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9. Name and Address of Current Registered Agent JONES, MARTIN S 6830 CENTRAL AVE. SUITE B ST. PETERSBURG FL 33707	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 7746-66TH ST. N. 83 84 City PINELLAS PARK FL 85 Zip Code 33781
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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

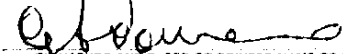
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	PRESIDENT, SECRETARY
NAME	DE TOMMASO, GIOVANNA	1.2 NAME	
STREET ADDRESS	VIA IMPERIAL #3	1.3 STREET ADDRESS	
CITY - ST - ZIP	FRANCAVILLA, FINA 72021	1.4 CITY - ST - ZIP	
TITLE	S	2.1 TITLE	
NAME	SALVATORE, CANDITA	2.2 NAME	
STREET ADDRESS	VIA IMPERIAL #3	2.3 STREET ADDRESS	
CITY - ST - ZIP	FRANCAVILLA, FINA 72021	2.4 CITY - ST - ZIP	
TITLE	VP	3.1 TITLE	
NAME	DE TOMMASO, PIERFRANCESCO	3.2 NAME	
STREET ADDRESS	VIA IMPERIAL #3	3.3 STREET ADDRESS	
CITY - ST - ZIP	FRANCAVILLA, FINA 72021	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

SIGNATURE:  GIOVANNA DE TOMMASO 2-26-98

CR2E034 (10/97)