

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

PROFIT CORPORATION  
ANNUAL REPORT  
1999

DOCUMENT # **S87221**

1. Corporation Name  
**TOBOLSKI INC.**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 AUG -6 AM 10:52

Principal Place of Business  
**2980 N.W. 21 Ct.  
Ft. Lauderdale FL  
33311-3212**

Mailing Address  
**2980 N.W. 21 Ct.  
Ft. Lauderdale FL  
33311-3212**

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**10-14-91**

4. FEI Number  
**59-1839390**

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

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

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent  
**Parke, Charles S. Sr.  
2980 N.W. 21 Ct.  
Ft. Lauderdale FL 33311**

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 **Charles S. Parke Sr.** DATE **7-31-99**

12. OFFICERS AND DIRECTORS

TITLE	<b>SPS</b>	<input type="checkbox"/> DELETE
NAME	<b>Charles S Parke Sr.</b>	
STREET ADDRESS	<b>2980 n.w. 21 Ct.</b>	
CITY-ST-ZIP	<b>Ft. Lauderdale FL</b>	
TITLE	<b>DVT</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>Gilbert Parke G</b>	
STREET ADDRESS	<b>2980 n.w. 21 Ct.</b>	
CITY-ST-ZIP	<b>Ft. Lauderdale FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>400002956304--2</b>
23 STREET ADDRESS	<b>-08/10/99--01081--020</b>
24 CITY-ST-ZIP	<b>****150.00 ****150.00</b>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>400002956304--2</b>
33 STREET ADDRESS	<b>-08/10/99--01081--021</b>
34 CITY-ST-ZIP	<b>*****8.75 *****8.75</b>
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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, with all other like empowered.

SIGNATURE: **Charles S. Parke Sr.** Charles S. Parke **7-31-99-954-816-7615**

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

CR2E034 (11/98)

July 26, 1999

FLORIDA DEPARTMENT OF STATE  
KATHERINE HARRIS  
SECRETARY OF STATE  
DIVISIONS OF CORPORATIONS

TO WHOM IT MAY CONCERN:

I DID NOT RECEIVE THE CORPORATION  
ANNUAL REPORT PACKET FOR 1999. I RECENTLY  
DISCOVERED THAT WHEN I REVIEWED MY  
CHECK BOOK.

ENCLOSED PLEASE FIND MY CHECK IN THE  
AMOUNT OF \$150.00.

THANK YOU FOR YOUR UNDERSTANDING.

CHARLES S. PALICE SR