

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # V16586

1. Corporation Name

Tollycraft of Florida, Inc.

Principal Place of Business

Mailing Address

**300 Alton Road, 3rd Floor
Miami Beach, FL 33139**

same

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
02/25/92

3a. Date of Last Report
04/12/94

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0331812

Applied For

☐ Not Applicable

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Filings, Inc.
3732 N.W. 16th Street
Fort Lauderdale, FL 33311**

81 Name

Collar, Leo L.

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

300 Alton Road, Suite 305

83

84 City

Miami Beach

FL

85

Zip Code

33139

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

Leo L. Collar

LEO L. COLLAR PRESIDENT

4/17/95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P/D
NAME	Collar, Leo L.
STREET ADDRESS	300 Alton Rd, 3rd Floor
CITY - ST - ZIP	Miami Beach, FL
TITLE	V/S/T
NAME	Peck, Jeffrey W.
STREET ADDRESS	300 Alton Rd, 3rd Floor
CITY - ST - ZIP	Miami Beach, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	V/D
2.3 STREET ADDRESS	Collar, Gail
2.4 CITY - ST - ZIP	300 Alton Road, Suite 305
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	G/T
3.3 STREET ADDRESS	None
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

TLS 4/24/95

**500001465175
-04/26/95--01053--010
****200.00 ****200.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Leo L. Collar

(305) 534-3226