

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

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 405713 (9)
1. Corporation Name
TONER DEVELOPERS, INC.



Principal Place of Business: 232 BELMONTE WEST PALM BEACH FL 33405
Mailing Address: 202 BELMONTE WEST PALM BEACH FL 33405

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/26/1972
4. FEI Number: 59-1410054
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 or has paid the current year Intangible Personal Property Tax due June 30: Yes No

2. Principal Place of Business: 21 9421 SHADY OAKS DR. Suite, Apt. #, etc. City & State: AUSTIN, TX Zip: 78729 Country:
2a. Mailing Address: 26 9421 SHADY OAKS DR. Suite, Apt. #, etc. City & State: AUSTIN, TX Zip: 78729 Country:
9. Name and Address of Current Registered Agent: TONER, CHARLES M 232 BELMONTE ROAD WEST PALM BEACH FL 33405
10. Name and Address of New Registered Agent: 81 Name: Robert R. Toner 82 Street Address (P.O. Box Number is Not Acceptable): 2332 PAR Rd. 83 City: West Palm Bch, FL 85 Zip: 33409

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: Robert R. Toner DATE: 3/31/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	MC GIRR, SUSAN	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 9421 SHADY OAKS DR	AUSTIN TX	1.2 NAME	
CITY-ST-ZIP:		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
TITLE: D	TONER, CHARLES M	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 232 BELMONTE	WEST PALM BEACH FL	2.2 NAME	
CITY-ST-ZIP:		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE:		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:		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:		5.1 TITLE	<input 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:		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: Susan C. McGirr DATE: 4/21/98 512-838-4755

CR2E034 (10/97)