PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90048 027 ***163.75

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INTERACTIVE TOASTER COMPANY

Principal Place of Business Mailing Address					
2900 EAST OAKLAND PARK SUITE 200 FORT LAUDERDALE FL 33306 SUITE 200 FORT LAUDERDALE FL 33306 SUITE 200 FORT LAUDERDALE FL 33306		;	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/24/1998		
2. Principal Place of Business	2a. Mailing Address	_	4. FEI Number	Applied For	
21 20423 STATE ROAD 7	26 20423 STATE RO	DAO 7	65-0821951	Not Applicable	
Suite, Apt. #, etc. 22 55176 383	Suite, Apt. #, etc. 27 Suite 383		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be	
23 BOCA RATON, FL	28 BOCA RATON, FL		6. Election Campaign Financing Trust Fund Contribution	Added to Fees	
Zip Country	Zip Country		8. This corporation owes the current year Intangible		
24 33063 25 USA	29 33063 30	JSA	Personal Property Tax.	¥Yes □No	
9. Name and Address of Curre		10. Name and Address of New Registered Agent			
SAUTTER, C C ESQ 2900 EAST OAKLAND PARK		81 Name 82 Street Addre	ess (P.O. Box Number is Not Acceptable)		
SUITE 200					
FORT LAUDERDALE FL 33306		83	•		
FONT LAUDENDALE PL 33300		84 City	F	E 85 Zip Code	
Pursuant to the provisions of Sections 607.05t office or registered agent, or both, in the State agent. I am familiar with, and accept the obligation.	of Florida. Such change was authorized	d by the corporation	ration submits this statement for the purpose n's board of directors. I hereby accept the app	of changing its registered wintment as registered	

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Pa	gistered Agent signature re	equired when reinstating) DATE			
12.	OFFICERS AND DIRECTORS			edanos monetarios,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		☐ DELETE	13. 1.1 TITLE		nange 🔲 Addi		
NAME	KURLAND, SCOTT D		1.2 NAME				
STREET ADDRESS	11669 COUNTRYVIEW LANE		1.3 STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33428		1.4 CITY-ST-ZIP				
TITLE	D	DELETE	2.1 TITLE	□ Ct	nange	tion	
NAME	KURLAND, DANIEL R		2.2 NAME				
STREET ADDRESS	11669 COUNTRYVIEW LANE		2.3 STREET ADORESS				
CITY-ST-ZIP	BOCA RATON FL 33428		2. 4 CITY-ST-ZIP				
TITLE		☐ DELETE	31 TITLE	□ Ch	nange 🔲 Addir	tion	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3 4, CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE		nange 🗌 Addi	tion	
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADORESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP	·			
TITLE		☐ DELETÉ	5.1 TITLE		nange	tion	
NAME			52 NAME				
STREET ADDRESS			5.3 STREET ADORESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP	144			
TITLE		☐ DELETE	6.1 TITLE		nange 🔲 Addi	tion	
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, with all other like empowered.

SIGNATURE:



2/1/90

954-969-7647

Daytime Phone #