

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Feb 12 1997 8:00am
Secretary of State

DOCUMENT # K41608

(6)

1. Corporation Name

THE POST EDGE, INC.

Principal Place of Business

1111 LINCOLN ROAD
MIAMI BEACH FL 33139
US

Mailing Address

1111 LINCOLN ROAD
MIAMI BEACH FL 33139-2452
US



3. Date Incorporated or Qualified

11/01/1988

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0079286

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
801 NORTHEAST 187TH STREET
STE 300
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|--------------------|--|
| TITLE | COB | <input type="checkbox"/> DELETE |
| NAME | IRWIN, MARTY | |
| STREET ADDRESS | 1111 LINCOLN ROAD | |
| CITY - ST - ZIP | MIAMI BEACH FL | |
| TITLE | EVP | <input type="checkbox"/> DELETE |
| NAME | KAPLAN, JEFFREY | |
| STREET ADDRESS | 545 5TH AVENUE | |
| CITY - ST - ZIP | NEW YORK NY | |
| TITLE | EVP | <input type="checkbox"/> DELETE |
| NAME | CORTI, ROBERT | |
| STREET ADDRESS | 1111 LINCOLN ROAD | |
| CITY - ST - ZIP | MIAMI BEACH FL | |
| TITLE | VTS | <input type="checkbox"/> DELETE |
| NAME | STRAETZ, GARY | |
| STREET ADDRESS | 545 5TH AVENUE | |
| CITY - ST - ZIP | NEW YORK NY | |
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | LORBER, KENNETH D. | |
| STREET ADDRESS | 2040 SHERMAN ST. | |
| CITY - ST - ZIP | HOLLYWOOD FL | |
| TITLE | AS | <input checked="" type="checkbox"/> DELETE |
| NAME | COHEN, JILL | |
| STREET ADDRESS | 1111 LINCOLN ROAD | |
| CITY - ST - ZIP | MIAMI BEACH FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---------------------|-------------------|--|
| 1.1 TITLE | CEO | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY - ST - ZIP | | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY - ST - ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY - ST - ZIP | | |
| 4.1 TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | STRACK, GARY | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY - ST - ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY - ST - ZIP | | |
| 6.1 TITLE | C | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | JEANNE WEBBER | |
| 6.3 STREET ADDRESS | 1111 Lincoln Road | |
| 6.4 CITY - ST - ZIP | MIAMI BEACH, FL | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)