PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT,# K41608

THE POST EDGE, INC.

Principal Place of Business

Mailing Address

1111 LINCOLN ROAD MIAMI BEACH FL 33139 1111 LINCOLN ROAD MIAMI BEACH FL 33139

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90020 025 ***150.00



DO NOT WRITE IN THIS SPACE

US	US .			DO NOT WRITE IN THE	3 SFACE		
•					Date Incorporated or Qualifed		
					11/01/1988		
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	<u> </u>	pplied For
21		26		65-0079286		ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired		Additional	
22		27					equired
City & State	3	- City & State			6Election Campaign Financing		May Be -
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Country	'	8. This corporation owes the current year Ir		
24	25	29 30	<u> </u>		Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Agent	81	T 60	10. Name and Address of New Registered	Agent	
: INST	TO CODDODATE CEMICES INC	•	81	Name			
UNITED CORPORATE SERVICES, INC. 801 NORTHEAST 167TH STREET STE 300			82	82 Street Address (P.O. Box Number is Not Acceptable)			
			83				
NOR	TH MIAMI BEACH FL 33162		84	City		. 85 Zip	Code
	·		07	City	Fi		
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the abov	e-named	corporation submits this statement for the purpose of	of changing its	s registered
office or re	egistered agent; or both, in the State on familiar with, and accept the obligat	of Florida. Such change was auth	orized by	the corp	oration's board of directors. I hereby accept the appoint	ointment as re	egistered
-	in familiar with, and accept the congar	ions of, dection our bood, i fortal	, Clarate				j
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Age	nt signature r	required when reinstating) DATE		
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12
TITLE	VPD	☐ DELETE	1.1 TITLE	-		☐ Change	☐ Addition
NAME	FAIRBOURNE, MICHAEL E		1.2 NAME				ľ
STREET ADDRESS	240 PEGASUS AVENUE		1.3 STREE	TADORESS			
CITY-ST-ZIP	NORTHVALE NJ 07647		1,4 CITY-S	T- ZIP			-
TITLE	VPCF	☐ DELETE	2.1 TITLE		VPCF, Director	Change	☐ Addition
NAME	CRANE, STEVEN G		2.2 NAME		Crane, Steven G.		
STREET ADDRESS	240 PEGASUS AVENUE			T ADDRESS	240 Pegasus Avenue		
i							
CITY-ST-ZIP	NORTHVALE NJ 07647		2.4 CITY-ST-ZIP No.		Northvale, N.I 07647	Change	☐ Addition
TITLE	EVP POPERT		5				_
NAME	CORTI, ROBERT		32 NAME				
STREET ADDRESS	1111 LINCOLN ROAD			TADDRESS			İ
CITY-ST-ZIP	MIAMI BEACH FL	□ BEVETE	3.4. CITY-5	ST-ZIP		☐ Change	Addition
TTTLE	SD	☐ DELETE	4.1 TITLE			☐ criange	
NAME	SHENDELL, EDWARD L		4. 2 NAME				
STREET ADDRESS	240 PEGASUS AVENUE		4.3 STREE	TADDRESS			į
CITY-ST-ZIP	NORTHVALE NJ 07647		4.4 CITY- S	T-ZIP			
TITLE	PD ·	√ DELETE	5.1 TITLE		President	Change	*XAddition
NAME	LORBER, KENNETH D.		5.2 NAME		Siracusano, Louis H.		ļ
STREET ADDRESS	1111 LINCOLN ROAD		5.3 STREE	TADDRESS			1
CITY-ST-ZIP	MIAMI BEACH FL 33139		5.4 CITY-S	T-ZIP	Northvale, NJ 07647		
TITLE	VP	☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME	HISLE, RANDALL W		6.2 NAME				
STREET ADDRESS	1111 LINCOLN ROAD		6.3 STREE	T ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33139		6.4 CITY-S	T-ZIP			
OLL LOS LATE.	HIN HALL DELICH 1 F CO 100	· ·			1		

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: