## 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

DOCUMENT # L65237

(4)

TOASTER LAND CORPORATION, INC.

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Principal Place of Business Marling Address						i idalinet din meint dittil tidil itter imb.	EIBII BIBII B		(C B18(C 1984
420 NE 154TH N MIAMI FL 3		420 NE 154TH ST N MIAMI FL 33162-5026							
						3. Date Incorporated or Qualified 04/13/1990		te of Last 23/1996	
i	Place of Business	2a. Mailing Address			_	4. FEI Number		A	Applied For
21		26 12700 BISC	AYA	1 2	BLUD	65-0625943			lot Applicable
Suite. Apri		Suite, Apt., #, etc.			<b>-</b>	5. Certificate of Status Desired			Additional Required
City & Stat	le:	City & State	_			6. Election Campaign Financing			<b>)</b> Мау Ве
<b>23</b> Zip	Country	28 NORTH MIR		untr		Trust Fund Contribution			to Fees
24	25			' S		This corporation has liability for Florida Statutes	intangible ] Yes <b>[</b>		s. 199.032
[27]	9. Name and Address of Curre		30 .	7-		10. Name and Address of New Re			
KEYS, CAROL F					Name		B	184.11	
	OO BISCAYNE BLVD.			-			····		
SUITE 203				82	Street Add	ress (P.O. Box Number is Not Acceptal	не)		
N. MIAMI FL 33181				83	}		*- <del></del>	~	
				84	Cit.			Taal 5	
				04	City		FL	<b>85</b> Zip	Code
office or agent 1 a	to the provisions of Sections of Settings the States of Settings o	gations of, Section 607.0505, Flor	rida Sta	atute	<b>15</b> .	poration submits this statement for the pation's board of directors. I hereby accepted when reiss:ating)	ourpose or of the appo	changing ointment as	its registered s registered
12.		ND DIRECTORS	13.		,	ADDITIONS/CHANGES TO OFFIC	B 17 E	DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1	TITLE	ı	7		Change	
NM5	SANTOS, PAUL		1.2	NAME	Q	AROLEKEYS			
STREET ADDRESS	420 NE 154 ST		1,3 3	STREET	T ADDRESS	2700 BISCAYNE BL	VP 4	4203	
CITY ST-7IP	MIAMI FL 33162		1.4 (	CITY-S		N. MIAMI, FL 33			
TITLE		☐ DEFELE	2.11	TITLE	1 3	>		Change	Addition
NAME:			2.2	NAME	7	OSE SANTOS			
STREET ADDRESS			2.3	STREET		CLIPFORD PRIVE			
CF Y - \$1 - 765					SI-ZIP	EST HARTFORD, CONA		<del></del>	
TIT.F	ı İ	☐ DELETE		TITLE				Change	Addition
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STREET ADDRESS					T ADDRESS				
CITY - \$1 - 20°		Horier			ST-ZIP				
101.E		☐ DELETE		TITLE				L Change	Addition
NAME OFFICE CARRIES				NAME					
STREET ADDRESS					T ADDRESS				
001V - S1 - Z61		DELETE		CITY-S	ST-ZIP			Change	Addition
NAME		F-1 DELETE		NAME				ma princip	L. Audibah
STREET ADDRESS					T ADDRESS				
CONTRACTOR PROGRAMA	i		333	ושחוכ	- MUUMEGO	4.4			

14. If do 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 armual 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.

5.4 CITY-ST-ZIP

63 STREET ADDRESS

6.4 City - ST-ZIP

61 TITLE

62 NAME

SIGNATURE:

00.4-51-70

STREET ADORESS

CITY-ST-7 P

BILLE

NAME

NATURE AND TYPED OR PUBLIC NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

2-6-97 305-891-1600

☐ Change

Addition

**FILED** 

Mar 03 1997 8:00am

Secretary of State